



### SHONEY'S OF KNOXVILLE INC. APPLICATION FOR EMPLOYMENT

Shoney's of Knoxville, Inc. is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, pregnancy, religion, national origin, citizenship, veteran status, disability, or any other legally protected status.

#### Contact Information

Social Security #: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Alternate Contact Means: \_\_\_\_\_

#### Personal Information

How did you hear of us? \_\_\_\_\_

Do you have any relatives who are employed by Shoney's of Knoxville, Inc.? YES  NO  If "YES" state name (s) and relationship(s) \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date you can start? \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Will you work nights? YES  NO  Weekends? YES  NO  Full Time? YES  NO  Part Time? YES  NO   
 Are you willing to relocate? YES  NO

Please check days you are available to work. Mark all that apply.

|          | MON | TUES | WED | THUR | FRI | SAT | SUN |
|----------|-----|------|-----|------|-----|-----|-----|
| AM SHIFT |     |      |     |      |     |     |     |
| PM SHIFT |     |      |     |      |     |     |     |

If you are under the age of 18, state your age: \_\_\_\_\_. Proof of age is required prior to employment.

Do you have the legal right to work in the United States? YES  NO

Have you ever been employed with any Shoney's® restaurant before? YES  NO

If "YES", dates and location(s): \_\_\_\_\_

Have you ever been fired from any employer? YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

Have you been convicted of a misdemeanor or pled "no contest" in the last ten years? YES  NO

If "YES" to either question, explain: \_\_\_\_\_

|                       | Institution Attended | City/State | #Years | Area of Study/Degree                       |
|-----------------------|----------------------|------------|--------|--|
| High School:          | _____                | _____      | _____  | <input type="checkbox"/> Diploma/GED _____ |
| Vocational/Technical: | _____                | _____      | _____  | <input type="checkbox"/> Graduated _____   |
| College/University::  | _____                | _____      | _____  | <input type="checkbox"/> Graduated _____   |
| Post Graduate::       | _____                | _____      | _____  | <input type="checkbox"/> Graduated _____   |

**Work History**

Starting with your present or most recent experience, list all previous employers. Include self-employment and military service.

Name/Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Dept/Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Starting \$: \_\_\_\_\_ Ending \$: \_\_\_\_\_  
OK to contact?  YES  NO If no, provide details/alternative: \_\_\_\_\_

Name/Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Dept/Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Starting \$: \_\_\_\_\_ Ending \$: \_\_\_\_\_  
OK to contact?  YES  NO If no, provide details/alternative: \_\_\_\_\_

Name/Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Dept/Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Starting \$: \_\_\_\_\_ Ending \$: \_\_\_\_\_  
OK to contact?  YES  NO If no, provide details/alternative: \_\_\_\_\_

**Related Skills**

Describe any specialized training, apprenticeships or skills applicable to the job you are seeking.

**Additional Information**

LIST PROFESSIONAL, TRADE, BUSINESS OR COMMUNITY ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal age, race, color, sex, pregnancy, religion, national origin, citizenship, veteran status, disability, or any other legally protected status.

**REFERENCES**

Do not include relatives or former employers.

Name

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**CERTIFICATION AND AUTHORIZATION**

I certify that the information I have provided in this Application is true and complete to the best of my knowledge. I give Shoney's of Knoxville, Inc., and any person or company acting on its behalf, the right to investigate my background. I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, court, military service, or other persons having knowledge or information about me to furnish the bearer of this authorization with any and all information in their possession regarding me in connection with my application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this request. I release from liability any person or entity which provides information pursuant to this authorization and request.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Shoney's of Knoxville, Inc. is intended to create an employment contract between myself and Shoney's of Knoxville, Inc. I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Shoney's of Knoxville, Inc. at any time and for any reason. I understand that no person has any authority to enter into any agreement that would cancel or modify this "at will" provision.

If employed, I understand I will be required to provide original documents, which verify my identity and right to work in the United States, under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form 1-9.

I understand that omitting information or providing false or misleading information in my application or interview(s) may result in termination of the employment process or discharge if such false or misleading information is discovered after I have been hired.

As allowed by law, I also agree to submit to random drug tests and other investigative interviews, methods or tests conducted by or at the direction of Shoney's of Knoxville, Inc. and I understand that the results of such tests may be used as evidence in legal or administrative proceedings and may also be used in considering my status for continued employment and as a basis for rejecting my application or terminating my employment. I understand if at any point during my employment with Shoney's of Knoxville, Inc. any adverse action is taken based in whole or in part on any information contained in a consumer report, Shoney's of Knoxville, Inc. will, to the extent required by applicable law, provide me with written notice of the adverse action that contains the name, address, and telephone number of the consumer reporting agency. I will also get a notice of my right to obtain a free copy of the report, and of my right to dispute the accuracy or completeness of the information with the agency providing the report. I understand that the consumer reporting agency supplying the report does not make any decisions and is unable to provide specific reasons why the adverse action was taken.

Upon acceptance of employment with the Company, I agree to follow all the policies, procedures, rules and regulations of the Company. I understand that I can leave the Company with or without notice and with or without cause, and the Company reserves the same rights. I understand that nothing contained in this application, any manual, brochures, or other Company materials shall constitute a contract or implied contract of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_