



Quality Dining, Inc. & Affiliates

APPLICATION FOR EMPLOYMENT

All applicants will be considered without regard to race, color, religion, sex/gender, sexual orientation, genetic information, marital status, pregnancy, citizenship status, national origin, age, disability, veteran status, or any other status protected by federal, state or local law. The Company complies with its legal obligation to provide reasonable accommodations to qualified individuals with disabilities.

In order to be considered for employment, this application must be filled out completely.
Please write "N/A" if requested information is not applicable.

First Name	Middle Initial	Last Name	Today's Date
Current Street Address		City	State ZIP
Day Phone No.	Evening Phone No.	Cell Phone No.	Alternate Contact No.
E-mail address:		Are you? <input type="checkbox"/> 14-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18 or older (If under 18, proof of age must be provided prior to hire.)	

Is your citizenship or immigration status such that you can lawfully work in the U.S.? <small>(If hired, continued employment will be dependent upon proof of citizenship or presentation of documents which authorize you to work in the U.S.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Quality Dining, Inc. or one of its affiliates? <input type="checkbox"/> Chili's <input type="checkbox"/> Papa Vino's <input type="checkbox"/> Spageddies <input type="checkbox"/> Burger King <input type="checkbox"/> Grady's American Grill <input type="checkbox"/> Porterhouse <input type="checkbox"/> Blue ₂ o <input type="checkbox"/> Corporate If yes: Location: _____ Dates: _____ Circumstances for leaving: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your relatives currently employed by Quality Dining, Inc. or one of its affiliates? If yes: Name(s) and Relationship(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense (including a felony or misdemeanor)? <small>Answering this question affirmatively will not automatically disqualify you from being hired. If yes, state offense convicted of, court convicted in, date of conviction and disposition of case (i.e. conviction, no contest etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

How were you referred? _____
In the table below, please indicate your availability for work.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Earliest Time In							
Latest Time Out							

Desired Position	Desired Wage	Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours/week)	Date Available to Start
Do you have reliable transportation to and from work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel? If yes, to what extent: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to relocate? If yes, please list location preferences or restrictions: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

	Name & Location	Degree/Major	GPA	Graduated (Yes/No)
High School				
College/Other				
College/Other				

List professional licenses, scholarships, academic awards and elected offices held in extracurricular school or professional activities.
(Response to this inquiry is completely voluntary.)

PERSONAL INFORMATION

EDUCATION / HONORS

List your last 3 employers, including any military service, starting with the present or most recent. If additional space is needed, a separate sheet may be attached. Resumes, though welcome, should not be submitted in place of the information requested.

EMPLOYMENT RECORD

Company Name (Present or most recent employer)		Address	Phone No.
Position(s) Held		Job Duties	
Dates of Employment		Rate of Pay	Average Hours Worked/Week
From _____ (month/year) To _____ (month/year)		Starting _____ Ending _____	
Supervisor's Name	May we contact?	Reason for Leaving	

Company Name		Address	Phone No.
Position(s) Held		Job Duties	
Dates of Employment		Rate of Pay	Average Hours Worked/Week
From _____ (month/year) To _____ (month/year)		Starting _____ Ending _____	
Supervisor's Name	May we contact?	Reason for Leaving	

Company Name		Address	Phone No.
Position(s) Held		Job Duties	
Dates of Employment		Rate of Pay	Average Hours Worked/Week
From _____ (month/year) To _____ (month/year)		Starting _____ Ending _____	
Supervisor's Name	May we contact?	Reason for Leaving	

How many jobs have you held in the last 2 years? 0 1 2 3 4+

Have you ever been terminated from a job? Yes No

If yes, how many jobs have you been terminated from: 1 2 3 4+

Please explain all periods of unemployment:

REFERENCES

List professional references.

Name	Title	Company
Phone No.	Association with Applicant	
Name	Title	Company
Phone No.	Association with Applicant	

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

I declare that the information provided in this application is correct and that any false statements or omissions will justify my rejection for or dismissal from employment. I authorize the Company to conduct any necessary investigation regarding my background (including inquiries of me, employers, prior or current employers, schools and other persons, institutions, or businesses, and checking motor vehicle records, court records and criminal records) as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information. Notwithstanding the foregoing, applicant does not waive liability for improper use of information contained in the application or received while investigating the applicant's background. I will agree to a drug test, if permitted by law, to be paid for by the Company. (The results of any drug test may, consistent with applicable law, be used to make employment decisions, including decisions relating to hiring and continued employment.) I understand the Company does not guarantee work hours and that I may be required to work hours or perform job duties other than those for which I was originally employed.

I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment. I understand and agree that if I am hired, my employment is "AT-WILL" which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, with or without advance notice. I understand that only the President or the Chief Executive Officer may change the AT-WILL status of any applicant or employee and may only do so in writing.

I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my AT-WILL employment status. I understand the Company, in its sole discretion, may at any time change its personnel policies and may also change my job description, responsibilities, wages and benefits. I understand and agree that as a condition of any potential future employment, I will be required to enter into an Arbitration Agreement.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE NOTICE AS DESCRIBED ABOVE AND THAT IF I AM HIRED I WILL BE AN AT-WILL EMPLOYEE.

Signature of Applicant Date

Your application will be considered active for 30 days. For consideration after that you must reapply.