

**DINNER** 





# **EMPLOYMENT APPLICATION**

PERSONAL INFOR	MATION	(	PLEASE PRINT)				
Name		Middle Init	ial	Last	Date _		
Are you at least 18				ıt least 21 yed	ars of age	or older? 🗆 `	Yes □ No
If you are hired, co	an you prov	ide proof of	authorization to	work in the	United Sta	ıtes? 🗆 \	íes □ No
Address							
	Stree	et		City	State	Zip C	ode
Home Telephone	( )		Ce	ll Number (	)		
Email Address			Do	te of Birth			
OTHER EMPLOYMING Referral Source:				· ·			
Number of Hours [	Desired per v	week:			□ Full Time	e - or - 🗆 P	art Time
Can you work ove							
Position desired: 1	st choice			P	ay Desire	d:	
Position desired: 2	nd choice			!	Pay Desire	ed:	
AVAILABILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Brunch/Lunch							

## **EDUCATION**

		T		T		
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	# OF YEARS ATTENDED	DEGREE RECEIVED		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
COLLEGE OR UNIVERSITY						
COLLEGE OR UNIVERSITY						
<b>EMPLOYMENT</b>						
	complete information on your f	full-time and po	irt-time employment re	ecord. Start with		
your <b>present</b> or <b>most re</b>	ecent employer.					
Company Name		Telephone				
		1	_			
		\ /				
Address		Employed - (m	onth and year)			
		From	to			
Name of Supervisor		Weekly/Bi-Mon	Weekly/Bi-Monthly/Semi Monthly/Annual Pay (Circle One)			
		Start:	Last:			
Job Title		Reason for Lea				
			9.			
Company Name		Telephone				
		( )	-			
Address		Employed - (m	onth and year)			
		From	to			
Name of Supervisor			thly/Semi Monthly/Annual P	av (Circle One)		
				ω, (οποίο στίο)		
		Start:	Last:			
Job Title		Reason for Lea	ving:			
		1				
Company Name		Telephone				
		( )	_			
Address		Employed - (m	onth and vear)			
71441033		Employed (iii	ionini ana young			
		From	to			
Name of Supervisor		Weekly/Bi-Mon	thly/Semi Monthly/Annual P	ay (Circle One)		
		Start:	Last:			
Job Title		Reason for Lea				
		1				

We may contact the employers listed above unless you indicate those you do **not** want us to contact.

After an offer of employment has been extended and accepted, we reserve the right to contact these employers to verify information provided during the application process.

#### JOB RELATED SKILLS

Are you fluent in other languages?   Yes  No Please List:
Do you have a valid TABC Certifcation? 🗆 Yes 🗆 No
Do you have a valid Food Handler's Card? 🗆 Yes 🗆 No
Please list any other education, training, special skills, licenses or certifications that are job-related:

# NOTICE PURSUANT TO THE FAIR LABOR STANDARDS ACT (FEDERAL WAGE AND HOUR LAW):

I understand that tips will be treated as satisfying part of the minimum wage obligation unless prohibited by state law. To maximize guest service, we promote a policy of sharing tips among all employees who regularly and customarily provide service to our guests, such as hosts, bussers, food runners, and bartenders. Therefore, the practice of sharing tips among tipped employees is approved by all of our facilities, unless otherwise prohibited by state law. The amount of tipshare is a percentage of your gross sales, and will vary by location. Your management team will advise you of the tipshare percentage for your location. Management reserves the right to amend the tipshare percentage at its discretion at any time.

### **A**UTHORIZATION

I attest with my signature below that I have given to The Rock true and complete information on this application and that no requested information has been concealed. I agree and understand that any misleading or false information provided by me herin, regardless of time of discovery, will justify my rejection for or termination from employment with the Company.

I further attest that I am qualified to perform all of the duties of the desired position.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate my background and all statements contained in this application, as may be necessary in arriving at any employment decision (including, but not limited to, criminal history, motor vehicle driving records, and credit history where allowed by law). I release The Rock and/or its agents from any liability that might arise from such an investigation.

I understand that this application is not a contract of employment. I understand that in the event of employment, my employment relationship is terminable at will and is not governed by an employment contract. I also understand that the use of illegal drugs or alcohol is prohibited during employment and is grounds for immediate termination. In the event that I am employed, I agree to abide by all policies and standards of The Rock. I also understand that a drug test may be administered prior to or at any time during my employment.

Signature of Applicant	Date