



Coastal Restaurants and Bars EMPLOYMENT APPLICATION

Date: ____/____/____

Applicant Name _____
Last First Middle

Cell Phone (____) _____-

Address _____

Email _____@_____

How long at current address? _____

Social Security Number _____

Are you older than ____16 ____18 ____21

Driver's License _____
Number State

If hired, when can you start? _____

| Restaurant(s) Applying To | Position(s) Applying For | Work Schedule Availability |
|--|---------------------------------------|---|
| <input type="checkbox"/> Any CRAB Restaurant | <input type="checkbox"/> Bartender | Prefer ____ Full Time ____ Part Time |
| <input type="checkbox"/> Aunt Chilada's | <input type="checkbox"/> Busser | <input type="checkbox"/> Available to work overtime |
| <input type="checkbox"/> The Boardroom | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Available to work day shifts |
| <input type="checkbox"/> Carolina Crab Co. | <input type="checkbox"/> Food Runner | <input type="checkbox"/> Available to work night shifts |
| <input type="checkbox"/> The Crazy Crab Harbour Town | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Available to work split shifts |
| <input type="checkbox"/> The Crazy Crab Jarvis Creek | <input type="checkbox"/> Line Cook | List what days/times unavailable: |
| <input type="checkbox"/> Fish Camp at Broad Creek | <input type="checkbox"/> Prep Cook | |
| <input type="checkbox"/> Reilley's Grill & Bar | <input type="checkbox"/> Server | |
| <input type="checkbox"/> Reilley's North End Pub | Other _____ | |

Are you legally eligible for employment in the United States and can provide proof? ____ YES ____ NO

Have you ever been convicted of a felony/crime? ____ YES ____ NO

If YES, please explain _____

Which (if any) of the Coastal Restaurants & Bars have you been employed by? _____

Do you know anyone currently working at any of the Coastal Restaurants & Bars? _____

| EDUCATION | Institution Name | Years Completed | Field of Study | Graduate/Degree |
|---------------|------------------|-----------------|----------------|-----------------|
| High School | | | | |
| College | | | | |
| Business/Tech | | | | |

Are you TIPS Certified? ____ YES ____ NO Do you have a TIPS Certification Card? ____ YES ____ NO

Which (if any) restaurant computer systems have you used? _____

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience related to this job is listed here, or on an extra sheet of paper if necessary. No more than 10 years history recommended.

| | | |
|--|--|---|
| Employer Name and Address: _____ _____ _____ Pay: \$_____ Per_____ | Position/Title; Duties; Skills: _____ _____ (____) _____ - _____ Supervisor Phone | Start Date ____/____/____ Start Date ____/____/____ Reason for Leaving: |
| Employer Name and Address: _____ _____ _____ Pay: \$_____ Per_____ | Position/Title; Duties; Skills: _____ _____ (____) _____ - _____ Supervisor Phone | Start Date ____/____/____ Start Date ____/____/____ Reason for Leaving: |
| Employer Name and Address: _____ _____ _____ Pay: \$_____ Per_____ | Position/Title; Duties; Skills: _____ _____ (____) _____ - _____ Supervisor Phone | Start Date ____/____/____ Start Date ____/____/____ Reason for Leaving: |
| Employer Name and Address: _____ _____ _____ Pay: \$_____ Per_____ | Position/Title; Duties; Skills: _____ _____ (____) _____ - _____ Supervisor Phone | Start Date ____/____/____ Start Date ____/____/____ Reason for Leaving: |

REFERENCES (List two personal references who are not relatives or former supervisors)

| | | | |
|-------|-------|------------|-------------|
| Name | Phone | Occupation | Years Known |
| _____ | _____ | _____ | _____ |
| Name | Phone | Occupation | Years Known |
| _____ | _____ | _____ | _____ |

Authorization and At-Will Employment Agreement (please read carefully then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from consideration for employment and may be justification for my dismissal from employment. I agree to immediately notify this company if I am convicted of a crime while this application is pending or during my employment if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination **and my employment**, in the event I receive medical treatment for any condition, including a physical, psychological, emotional or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician.

At-Will Employment Agreement: I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between this company and me. In addition, I understand and agree that if this company employs me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time and may be terminated at any time, for any reason, or for no reason at all. I understand that only this company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand and agree to the above.

Signature _____ Date ____/____/____