

RICHARD DESHANTZ

RESTAURANT GROUP

The Richard DeShantz Restaurant Group is always looking for talented individuals to join our restaurants. If you have a genuine interest in being part of a team with exceptional work ethic, we'd like to hear from you!

Please submit a completed application to careers@richarddeshantz.com or in person at one of our restaurant locations.

We look forward to hearing from you.



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RICHARD DESHANTZ

RESTAURANT GROUP

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Applications are effective for 60 days, after which you must reapply.

NAME(LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? YES___ NO___			
If hired, continued employment may be dependent upon proof of citizenship or presentation of an alien registration number.			
PHONE NO. ()	REFERRED BY		EMAIL ADDRESS

EMPLOYMENT DESIRED

POSITION APPLYING FOR:	DATE YOU CAN START:	INTERESTED IN: FULL-TIME ___ PART TIME ___ TEMPORARY___ SUMMER ___						
ARE YOU EMPLOYED? YES___ NO___	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES___ NO___							
DAYS AND HOURS AVAILABLE TO WORK	DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	FROM							
	TO							

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE			
HIGH SCHOOL			
OTHER			
EXTRACURRICULAR ACTIVITIES			

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

APPLICATION FOR EMPLOYMENT

REFERENCES (GIVE BELOW THE NAMES OF PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

-----DO NOT WRITE BELOW THIS LINE-----

