

KATELLA *Family* GRILL

DATE _____

APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

FILL IN ALL SPACES. IF ITEM DOES NOT APPLY WRITE "NONE"

Last Name	First Name	Middle Name	Social Security No.	Telephone and Area Code
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Street Address	City	State and Zip Code	State Age if Under 18
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Position Applied For	Salary Required \$ _____ Per	Date Available	Referred By
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EDUCATION	NAME AND ADDRESS OF SCHOOL ATTENDED	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
High School			YES NO	
College, University or Other			YES NO	

Additional work experience/skills and information relating to position applied for or of general interest (attach supplemental sheet, if necessary)

Veteran Of U.S. Armed Forces <input type="checkbox"/> YES <input type="checkbox"/> NO	Service Branch	Date Discharged	NOTICE – The Fair Credit Reporting Act (Public Law 91-508) requires that we notify you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Have you ever worked for this company or any of its subsidiaries? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state when _____ Where _____
Describe any physical/mental disability limitations you may have that affect the position for which you are applying.			

Have you ever been bonded? _____ If yes, when _____

Have you been convicted of a felony in the past 10 years? _____ If yes, describe fully _____

Can you work any shift? _____ What shift do you prefer? _____ Uniform size: _____

NAME AND ADDRESS OF COMPANY	FROM		TO		POSITION TITLE	BASE SALARY		START	FINAL
	MO.	YR.	MO.	YR.		\$	PER		
					SUPERVISOR	\$			
					TELEPHONE NO. AND AREA CODE	\$			

TYPE OF BUSINESS OR PRODUCT LINE: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF COMPANY	FROM		TO		POSITION TITLE	BASE SALARY		START	FINAL
	MO.	YR.	MO.	YR.		\$	PER		
					SUPERVISOR	\$			
					TELEPHONE NO. AND AREA CODE	\$			

TYPE OF BUSINESS OR PRODUCT LINE: _____

REASON FOR LEAVING: _____

May we contact your present employer? _____ YES _____ NO

I understand that as an employee of TJM, Inc., I am an "at will" employee.

The information that I have supplied is true and accurate to the best of my knowledge. I understand that if I am employed, any misrepresentation or omission by me will be sufficient cause for dismissal.

SIGNATURE _____ DATE _____