

APPLICATION FOR EMPLOYMENT

May 2010

Cameron Mitchell Restaurants (CMR) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by Federal, state or local law. **PLEASE COMPLETE THE ENTIRE APPLICATION TO ENSURE PROPER PROCESSING**

PERSONAL INFORMATION (Please Print)

Date Applying (M/D/Y) _____

Last Name _____ First Name _____ Middle Name _____

Current Address:

Street _____ City _____ State/Province _____ Zip Code/Postal Code _____

Telephone Number: _____ Email Address: _____

Emergency Contact Name: _____ Telephone Number: _____ Relationship to you: _____

Are you less than 18 years of age? Yes _____ No _____

Are you legally eligible for employment in the U.S.? Yes ___ No ___

CMR participates in the E-Verify Program. If you are hired, you will be required to provide proof of identity and legal authority to work in the United States and to complete an I-9 Form. CMR will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new associate's Form I-9 to confirm work authorization.

Have you been convicted of a felony in the last seven (7) years? Yes _____ No _____

If yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment. Factors related to your conviction will be taken into consideration. _____

How did you hear about opportunities with CMR?

___ Referral ___ Our Web site ___ Newspaper

___ Other, Please explain _____

Have you worked for CMR before? If so, when _____ where _____

EMPLOYMENT DESIRED Position: _____ Location/Department: _____

Salary Desired: _____ Date You Can Start: _____ Are you able to work overtime? Yes ___ No ___

Specify hours you are available for each day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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EDUCATION School Name & Address Years Completed Did You Graduate Subjects Studied/Degrees Received

High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Other		1 2 3 4	Y N	

Have you ever eaten at a CMR restaurant? Where? Describe your experience. _____

What do you like about CMR restaurants? _____

Why would you like to work for CMR? _____

FORMER EMPLOYERS		List below current and last two employers, starting with most recent one first. Please include any non-paid/volunteer experience, which is related to the job for which you are applying. Please complete even if you attach a resume.	
Date (M/D/Y)			
FROM	Current Employer (Name and Address of Employer-Type of Business)	Salary or Hourly	Position
TO		Starting _____	Reason For Leaving
		Ending _____	
Duties Performed			
Supervisor's Name		Phone Number	May We Contact?
FROM	Employer (Name and Address of Employer-Type of Business)	Salary or Hourly	Position
TO		Starting _____	Reason For Leaving
		Ending _____	
Duties Performed			
Supervisor's Name		Phone Number	May We Contact?
FROM	Employer (Name and Address of Employer-Type of Business)	Salary or Hourly	Position
TO		Starting _____	Reason For Leaving
		Ending _____	
Duties Performed			
Supervisor's Name		Phone Number	May We Contact?

REFERENCES		Provide below the names of three professional references, whom you have known at least one year.	
Name	Address & Phone Number	Business	How do you know this person?
1.			
2.			
3.			

Applicant Statement I certify that all information I have provided in order to apply for and secure work with CMR is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from CMR's service, whenever it is discovered.

I expressly authorize, without reservation, CMR, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding CMR, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that CMR does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from CMR and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and CMR reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of CMR is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by CMR's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and federal immigration laws require me to complete an I-9 Form in this regard. I also understand that CMR will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new associate's Form I-9 to confirm work authorization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT: I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement	
Signature of Applicant: _____	Date: _____