

# FARM RESTAURANTS, LLC.

Employment Application

**APPLICANT INFORMATION**

|   |  |                              |                             |                   |                                     |  |
|---|--|------------------------------|-----------------------------|-------------------|-------------------------------------|--|
| Last Name   |  | First                        |                             | M.I.              | Date                                |  |
| Street Address  |  |                              |                             | Apartment/Unit #  |                                     |  |
| City  |  | State                        |                             | Zip Code          |                                     |  |
| How Long At This Address:   |  |                              |                             | Previous Address: |                                     |  |
| Phone:  |  |                              | E-mail Address:             |                   |                                     |  |
| Date Available:   |  | Social Security No.          |                             |                   | Salary Requirement:                 |  |
| Are You 18 or Older?  |  | Date of Birth:               |                             |                   |                                     |  |
| Position Applying For:  |  | Referred By:                 |                             |                   | Do You have Transportation to Work? |  |
| Are you legally authorized to work in the United States?  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                   |                                     |  |
| Have you ever worked for this company?  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?      |                                     |  |
| During the past 5 years, have you ever been convicted of, pled guilty to or pled no contest to, a crime, excluding misdemeanors and traffic violations? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |                                     |  |
| Are you or have you ever been a sex offender registered with any federal, state or local government agency, including any listing on a public web site? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                   |                                     |  |

**EDUCATION**

|             |    |                   |                              |                             |        |  |  |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School |    |                   |                              | Address                     |        |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |
| College     |    |                   |                              | Address                     |        |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |
| Other       |    |                   |                              | Address                     |        |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |

**U. S. MILITARY**

|  |  |                  |                          |  |  |  |
|--|--|------------------|--------------------------|--|--|--|
| Branch Of Service:   |  |                  | Highest Rank:            |  |  |  |
| Date Entered:  |  | Date Discharged: |                          |  |  |  |
| Do you have any service related skills and experience applicable to civilian employment? |  |                  | If yes, Please describe: |  |  |  |

**REFERENCES***Please list three professional references.*

|           |  |              |         |
|-----------|--|--------------|---------|
| Full Name |  | Relationship |         |
| Company   |  | Phone        | (     ) |
| Address   |  |              |         |
| Full Name |  | Relationship |         |
| Company   |  | Phone        | (     ) |
| Address   |  |              |         |
| Full Name |  | Relationship |         |
| Company   |  | Phone        | (     ) |
| Address   |  |              |         |

**PREVIOUS EMPLOYMENT**

|  |  |                              |  |
|--|--|------------------------------|--|
| Company  |  | Phone                        | (     )                                  |
| Address  |  | Supervisor                   |  |
| Job Title  |  | Starting Salary              | \$                      Ending Salary \$ |
| Responsibilities   |  |                              |  |
| From   |  | To                           |  |
|  |  | Reason for Leaving           |  |
| May we contact your previous supervisor for a reference? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/>              |
| Company  |  | Phone                        | (     )                                  |
| Address  |  | Supervisor                   |  |
| Job Title  |  | Starting Salary              | \$                      Ending Salary \$ |
| Responsibilities   |  |                              |  |
| From   |  | To                           |  |
|  |  | Reason for Leaving           |  |
| May we contact your previous supervisor for a reference? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/>              |
| Company  |  | Phone                        | (     )                                  |
| Address  |  | Supervisor                   |  |
| Job Title  |  | Starting Salary              | \$                      Ending Salary \$ |
| Responsibilities   |  |                              |  |
| From   |  | To                           |  |
|  |  | Reason for Leaving           |  |
| May we contact your previous supervisor for a reference? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/>              |

**PLEASE READ CAREFULLY THE SECTION BELOW BEFORE SIGNING**

U.S. law requires that, if hired, you must furnish appropriate documentation establishing the identity and employment eligibility, generally within 72 hours or starting work. For example, acceptable documents include: a U.S. Passport, or INS forms 688 or 688A, a social Security Card or birth certificate issued by government authority and a driver's license, school I.D. with photo or other government issued documentation establishing identity. Certain other documents are equally acceptable. Please consult a member of the management team and ask them for a copy of the INS Form I-9 for a list of these documents.

1. I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentations of information are grounds for dismissal.
2. I authorize the persons, employers, schools, and organizations listed on this application to give you any information concerning my employment and other pertinent information they may have personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
3. I acknowledge that I am applying for employment with Farm Restaurants, LLC.
4. Farm Restaurants, LLC is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex age, national origin, disability or veterans status, or other categories as protected by law. If is Farm Restaurants, LLC policy to comply fully with these laws as applicable, and information requested on this application will not be used for any purpose prohibited by law.
5. I understand as part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics, and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based on either wholly or in part because of the information contained in an investigative consumer report, I will be provided the name and addresses of the reporting agency that supplies the information,

By Signing below, I agree that I have read the above disclosure and all information is accurate.

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|