

MOE'S SOUTHWEST GRILL EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

E-mail Address _____

PERSONAL DATA

Date of Application _____

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
No. Street City State Zip Code

How long have you lived at this address? _____ Telephone No. () _____
Area Code

Previous Address _____
No. Street City State Zip Code

Job Applied For _____ Rate of Pay Expected \$ _____ per _____

Why are you applying at Moe's? _____

AVAILABILITY: List hours available to work per week

Check here if available anytime

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

Have you ever worked for a Moe's SW Grill? If yes, When _____, Where _____

Do you have any relatives or friends currently working for Moe's?
 If yes, state relationship to you and the Moe's location: _____

Do you have reliable transportation to work?

HOW WOULD YOU RATE YOURSELF

(1 = Improvement needed 2 = Ok 3 = Good 4 = Top Performer)

- ____ Energy Level: Your sense of urgency, self-motivation, and enthusiasm
- ____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback
- ____ Hospitality: Your natural friendliness and customer service skills
- ____ Reliability: Your dependability, attendance, self-discipline and dedication
- ____ Personal Pride: Your appearance, hygiene, and achievement
- ____ Teamwork: Your cooperation with others and team spirit

1. What achievement in life are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. What are your 1-3 year goals? _____

Do you have any physical, mental, or medical impairments that would interfere with your ability to perform the essential duties of this job with or without an accommodation: _____ Yes _____ No
 If "Yes", please describe in full. (Refer to position description if necessary)

(PLEASE NOTE: ALL ITEMS ON REVERSE SIDE MUST BE COMPLETED)

In Case of Emergency, Contact: _____ Phone: _____

In the event you are required to use your personal automobile to conduct company business, please complete the following:

Do you have a valid driver's license? _____ Yes _____ No If Yes, indicate: _____
 (State & Driver's Lic. #)

Do you have automobile liability insurance? _____ Yes _____ No

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

Name, Address & Phone # of Company	From	To	Last Position Held: Title & Duties	Starting Wage or Salary	Ending Wage or Salary	Reason for Leaving	Name of Supervisor

PERSONAL REFERENCES (Not former employers or relatives)

Name & Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Years Attended	Last Year Completed	Did you Graduate	List Diploma or Degree	Grade Average
High							
College							

BACKGROUND

Are you 18 years of age or older? _____ If No, Date of Birth _____ / _____ / _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of any crime, excluding misdemeanors? Yes No

Have you ever been convicted of any crime involving violence to another person? Yes No

Have you ever been convicted of any crime involving dishonesty? Yes No

Are you currently serving probation for any misdemeanor offense? Yes No

Have you ever been counseled or disciplined for cash handling violations? Yes No

Have you ever been counseled or disciplined for being late or absent from work or school? Yes No

If you have answered Yes to any of the above, describe in full: _____

IMPORTANT – READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements and references contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal, credit, or motor vehicle driving reports. I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon prior notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Signature _____ Date _____