



POPPY'S RESTAURANT GROUP

Personal Information

Restaurant:

Date:

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.		Referred By	

Employment Desired

Position		Available Start Date	Salary Desired
Are you Employed Now?	If so, May We Inquire?	Ever Applied to this Company Before? If so, Where & When?	

Education History

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Correspondence School			

General Information

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

Former Employer (Last Employer First)

Date (Month & Year)	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give the Names of Three Persons Not Related to You, Whom You've Known at Least One Year)

Name	Address	Years Known	Business

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. I also understand, if employed, that the first 90 days of my employment are in a probationary period. 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."

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant _____

Date _____

Interviewing Manager _____

Date _____

DO NOT WRITE BELOW THIS LINE

Interview Remarks

Neatness	Character	Position
Personality	Ability	Salary

Approved for Hire

Signatures ¹

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Poppy's Restaurant Group Employment MGR

Department Head

General Manager