

EMPLOYMENT APPLICATION

SOCIAL SECURITY NO. _____

NAME _____ STREET ADDRESS _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

APT. NO. _____ CITY _____ STATE _____ ZIP _____ AREA CODE _____ TEL. NO. _____

ARE YOU 18 OR OLDER? YES NO, IF NOT, AGE _____ EVER WORKED IN A McDONALD'S RESTAURANT BEFORE? YES NO, IF YES, DATES, LOCATION AND REASON FOR LEAVING _____**AVAILABILITY:**

TOTAL HOURS AVAILABLE PER WEEK _____

HOURS AVAILABLE

M	T	W	T	F	S	S

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.: YES NO HOW DID YOU HEAR OF JOB? _____ HOW FAR DO YOU LIVE FROM RESTAURANT? _____ DO YOU HAVE TRANSPORTATION TO WORK? _____**SCHOOL MOST RECENTLY ATTENDED:**

NAME _____ LOCATION _____ PHONE _____

TEACHER OR COUNSELOR _____ DEPT. _____ LAST GRADE COMPLETED _____ GRADE POINT AVERAGE _____

GRADUATED YES NO NOW ENROLLED? YES NO SPORTS OR ACTIVITIES _____**TWO MOST RECENT JOBS: (IF NOT APPLICABLE, LIST U.S. MILITARY, WORK PERFORMED ON A VOLUNTARY BASIS OR PERSONAL REFERENCES)**

COMPANY _____ LOCATION _____

PHONE _____ JOB _____

SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____ **MGMT. REFERENCE CHECKS DONE BY** _____

COMPANY _____ LOCATION _____

PHONE _____ JOB _____

SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____ **MGMT. REFERENCE CHECKS DONE BY** _____

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia and compylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? YES NO If yes, explain:

* DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?

YES NO IF YES, DESCRIBE IN FULL _____

*A conviction will not necessarily bar you from employment.

1. I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with the policy of this independent McDonald's franchise. 2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. 3. I acknowledge that this independently owned and operated McDonald's franchise reserves the right to amend or modify the policies in its Handbook and other policies of this McDonald's franchise at any time, without prior notice. These policies do not create any promises or contractual obligations between this independent McDonald's franchise and its employees. At this McDonald's franchise, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this McDonald's franchise retains the same rights.

The independent Owner/Operator of this McDonald's franchise is the only person who may make an exception to this, and it must be in writing and signed by the Owner/Operator.

DATE _____ SIGNATURE _____

This independent McDonald's franchise is an Affirmative Action and 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. It is the McDonald's Franchise 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.

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS - FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY. THIS RESTAURANT IS OWNED AND OPERATED BY AN INDEPENDENT McDONALD'S LICENSEE.

Store # _____

OFFICE USE ONLY

Name: _____ Social Sec. # _____

Date of Birth: _____ Date of Hire: _____

TERMINATION INFORMATION

Uniforms Returned: _____

Date of Termination: _____

INTERVIEW INFORMATION

Uniforms Issued: _____

Shirt Size: _____
& Cap _____

Misc. Info: _____

Clock # _____

Pay Rate _____

Married/Single: _____ Dep # _____

Addl Fed. Withheld (per ck): _____

United Way Gift (per ck): _____

Ronald House Gift (per ck): _____

MAINT: _____

TJTC or JTPA: _____

Reason for Termination: _____

Empl. Signature at Termination: _____