

Schiff's Restaurant Service

*** MUST USE BLACK INK PEN***

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

www.myschiffs.com

DATE: _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER: _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYEED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY JOB? YES NO

IF "YES" TO ANY OF THE ABOVE PLEASE EXPLAIN. _____

EMPLOYMENT

POSITION DESIRED _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO SCHIFF'S BEFORE? _____ WHEN? _____

REFERRED BY _____

PREVIOUS EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

Start and End Date MM / YY	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
Start ____ / ____ End ____ / ____				
Start ____ / ____ End ____ / ____				
Start ____ / ____ End ____ / ____				
Start ____ / ____ End ____ / ____				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

- This form has been designed to strictly comply with state and federal fair employment practice laws prohibiting employment discrimination.

(CONTINUED ON THE OTHER SIDE)

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

U.S. MILITARY SERVICE

RANK:

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

REFERENCES: GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NUMBER
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APPLICANT AGREEMENT

Please **read** the following carefully and **sign** below

"I hereby give Schiff's Restaurant Services, Inc. the right to make a complete investigation of my references, past employment, education, job-related activities, and other matters related to my application for employment"

"I agree that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment maybe terminated at any time. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct without any mental reservation whatsoever. I further certify that I, the undersigned applicant, have personally completed this application."

"In the consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company."

THIS APPLICATION WILL REMAIN ACTIVE FOR ONLY 90 DAYS FROM THE DATE ABOVE. IF YOU HAVE NOT HEARD FROM SCHIFF'S RESTAURANT SERVICES, INC. AFTER 90 DAYS AND YOU STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, YOU WILL NEED TO FILL OUT AND SUBMITT A NEW APPLICATION

SIGNATURE:

DATE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

HIRED: YES NO

POSITION:

DEPARTMENT:

SALARY / WAGE:

DATE REPORTING TO WORK:

MANAGER'S SIGNATURE:

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Schiff's Restaurant Service, Inc.

3410 North Main Ave. Scranton, Pa 18508

**A Drug Free
Workplace**

**PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR
APPLICATION BLANK**

Schiff's Restaurant Service is a "Drug Free" Workplace. If hired, you will be required to submit to a drug and alcohol test at some time during your first 30 days of employment. If you test positive and fail the drug test you will be required to reimburse Schiff's Restaurant Service the drug screening fee.

I understand that I must test negative in order to remain employed at Schiff's Restaurant Service.

I, _____ have read the above statements. _____
Signature of Applicant **Date**

Our **Application Must Be Completely Filled Out** in order to be considered for employment. **If you can not** respond to an item, please put in an explanation for your reason for not responding. An incomplete application is not considered an application for employment with us.

Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.

There is no guarantee of a job offer or job interview in completing our application. Your application will be considered with others who have submitted applications and decisions about interviews will be based on this comparison. Qualified persons are considered for employment without regard to race, color, religion, creed, general national origin, age, martial status, veteran status, sexual orientation, or the presence of handicaps or disabilities.

I, _____ have read the above statements. _____
Signature of Applicant **Date**