



RESTAURANT TEAM MEMBER EMPLOYMENT APPLICATION

Damon's International, Inc. is an Equal Opportunity Employer. All applicants and associates are considered for employment, development, advancement and compensation based upon their skills and performance, without regard to race, color, religion, sex, national origin, age, disability or veteran status. This form is designed to elicit data regarding an applicant's ability to successfully perform the job for which she/he is applying.

PERSONAL INFORMATION: Please Print

Name: _____ Date of Application: _____

Address: _____ Home Phone: _____ / _____

City: _____ State: _____ Zip Code: _____

If hired by Damon's, are you able to provide proof of eligibility to work in the United States? Yes ☐ No ☐

Are you at least 18 years of age? Yes ☐ No ☐ If applicable, you will be required to provide a school work permit.

EMPLOYMENT INFORMATION:

Position(s) applied for: _____ Wage Desired: \$ _____

Date Available: _____ Are you willing to relocate? Yes ☐ No ☐ Travel? Yes ☐ No ☐

How were you referred to our organization? _____

Have you been employed by Damon's? Yes ☐ No ☐ If yes, when and where? _____

Do you have any relatives who currently work for Damon's? Yes ☐ No ☐ If yes, who? _____

Type of Employment Desired? Full-time ☐ Part-time ☐ Regular ☐ Temporary ☐

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evening							

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please describe: _____

Note: Felony conviction does not automatically bar a candidate from employment.

EDUCATION:

Name and Location	Courses of Study	Graduated?	Degree Earned
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY: (Start with the most recent)

1. Company: _____ Last Position Held: _____
Address: _____
Phone: _____ Name of Supervisor: _____
Hire Date: _____ Term Date: _____ Last Salary/Wage Rate: _____
Reason for leaving: _____
Description of duties/responsibilities: _____
_____ May we contact: Yes ☐ No ☐
2. Company: _____ Last Position Held: _____
Address: _____
Phone: _____ Name of Supervisor: _____
Hire Date: _____ Term Date: _____ Last Salary/Wage Rate: _____
Reason for leaving: _____
Description of duties/responsibilities: _____
_____ May we contact: Yes ☐ No ☐
3. Company: _____ Last Position Held: _____
Address: _____
Phone: _____ Name of Supervisor: _____
Hire Date: _____ Term Date: _____ Last Salary/Wage Rate: _____
Reason for leaving: _____
Description of duties/responsibilities: _____
_____ May we contact: Yes ☐ No ☐
-
-

PROFESSIONAL REFERENCES: (Only provide references that are not related to you)

Name	Relationship	Employer	Daytime Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ACKNOWLEDGEMENT:

I do hereby authorize any person, firm, corporation or other entity to furnish any information requested by this employer, relative to my character, police or criminal records, employment history, or educational credentials. I do further release and discharge any party delivering information to this employer pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of any information requested by this employer. I certify that all statements on this application for employment are true and complete, and I understand that any false, misleading, or omitted statements shall be considered sufficient cause for my immediate discharge, if employed. Further, I understand that this employment application and any other company document or statements made should not be construed as direct, implied, or inferred contracts of employment between this employer and myself. I understand that if hired, my employment will be at-will, meaning that my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either this employer or myself.

Signature: _____ Date: _____