

MILITARY SERVICE

ARE YOU A VETERAN? YES NO _____ IF YES, GIVE THE DATE OF SERVICE _____ TO _____

LIST ANY OTHER EXPERIENCE OR SKILLS THAT ARE RELEVANT TO THE POSITION THAT YOU ARE APPLYING, _____

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

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER | HOURLY RATE OR WEEKLY SALARY | | POSITION | REASON FOR LEAVING |
|------------------------------|---------------------------------|-----------------------|---------------------|---------------------------------|--------|----------|-----------------------|
| | | | | BEGINNING | ENDING | | |
| FROM _____ TO _____ | | | | | | | |
| FROM _____ TO _____ | | | | | | | |
| FROM _____ TO _____ | | | | | | | |
| FROM _____ TO _____ | | | | | | | |

REFERENCES: BELOW LIST NAMES OF THREE PERSONS

| NAME | ADDRESS | TYPE OF BUSINESS | PHONE # | LENGTH OF TIME KNOWING THIS PERSON |
|------|---------|---------------------|---------|------------------------------------------|
| | | | | |
| | | | | |
| | | | | |

IN CASE OF EMERGENCY, PERSON TO NOTIFY _____ TELEPHONE NO. _____

ADDRESS _____
STREET CITY STATE ZIP

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that you will take a tip credit permitted by federal minimum wage law, if I am a tipped employee and my wages are less than minimum wage. Further, I understand and agree that my employment is for no definite period, regardless of the date of payment of my wages or salary, and that I may terminate my employment at any time with any previous notice, and that the Company has a similar right.

I HEREBY UNDERSTAND AND AGREE THAT HUDDLE HOUSE, INC. WILL NOT BE MY EMPLOYER AND HAS NO CONTROL OVER THE DAY-TO-DAY LABOR RELATIONS AND EMPLOYMENT PRACTICES OF THE COMPANY. I AGREE TO LOOK ONLY TO THE COMPANY, AND NOT TO HUDDLE HOUSE, INC. SHOULD ANY QUESTIONS OR CONCERNS ARISE REGARDING MY EMPLOYMENT WITH THE COMPANY.

DATE _____ SIGNATURE _____