



PLEASE COMPLETE AND BRING YOUR APPLICATION INTO THE RESTAURANT.

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

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

DO YOU HAVE YOUR OWN TRANSPORTATION? YES ☐ NO ☐

EMPLOYMENT DESIRED

DATE YOU CAN START _____ DESIRED SALARY _____

LOCATION APPLYING FOR: _____

POSITION DESIRED: ☐ FOOD SERVICE/PREP ☐ CASHIER/DRIVE-THRU ☐ DISHWASHER
☐ MANAGER ☐ CATERING ☐ BARTENDER
(URBANA & CHAMPAIGN LOCATIONS ONLY)

EMPLOYMENT TYPE: ☐ FULL TIME ☐ PART TIME

WHAT SCHEDULE ARE YOU AVAILABLE TO WORK? (Time - Include AM or PM)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

CURRENT EMPLOYMENT

ARE YOU EMPLOYED NOW? YES ☐ NO ☐

MAY WE CONTACT YOUR EMPLOYER? YES ☐ NO ☐

PREVIOUS EMPLOYER

PREVIOUS EMPLOYER #1 _____

ADDRESS _____
STREET CITY, STATE, ZIP

START DATE: _____ END DATE: _____ POSITION: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER #2 _____

ADDRESS _____
STREET CITY, STATE, ZIP

START DATE: _____ END DATE: _____ POSITION: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER #3 _____

ADDRESS _____
STREET CITY, STATE, ZIP

START DATE: _____ END DATE: _____ POSITION: _____

REASON FOR LEAVING: _____

PREVIOUS APPLICANT OR EMPLOYEE?

HAVE YOU APPLIED TO HICKORY RIVER SMOKEHOUSE BEFORE? YES ☐ NO ☐

WHEN? _____

WHERE? _____

EDUCATION

HIGH SCHOOL: _____

SCHOOL LOCATION: _____

SUBJECTS STUDIED: _____

DID YOU GRADUATE? YES ☐ NO ☐

COLLEGE: _____

SCHOOL LOCATION: _____

SUBJECTS STUDIED: _____

DID YOU GRADUATE? YES ☐ NO ☐

TRADE, BUSINESS,
OR TECH SCHOOL: _____

SCHOOL LOCATION: _____

SUBJECTS STUDIED: _____

DID YOU GRADUATE? YES ☐ NO ☐

REFERENCES

NAME OF REFERENCE #1 _____

YEARS ACQUAINTED _____ PHONE: _____

ADDRESS _____
STREET

CITY, STATE, ZIP

NAME OF REFERENCE #2 _____

YEARS ACQUAINTED _____ PHONE: _____

ADDRESS _____
STREET

CITY, STATE, ZIP

NAME OF REFERENCE #3 _____

YEARS ACQUAINTED _____ PHONE: _____

ADDRESS _____
STREET

CITY, STATE, ZIP

PHYSICAL RECORD

PHYSICAL LIMITATIONS? YES ☐ NO ☐ IF YES, PLEASE DESCRIBE _____

MILITARY SERVICE

US MILITARY SERVICE & RANK _____

MILITARY SERVICE – BRANCH AND YEARS OF SERVICE

RANK

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME: _____

PHONE NUMBER: _____

ADDRESS _____
STREET

CITY, STATE, ZIP

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

HICKORY RIVER SMOKEHOUSE IS COMMITTED TO PROVIDING A NON-DISCRIMINATORY EMPLOYMENT ENVIRONMENT FOR ITS EMPLOYEES.

THE POLICY OF HICKORY RIVER SMOKEHOUSE TO AFFORD EQUAL EMPLOYMENT OPPORTUNITIES TO ALL QUALIFIED INDIVIDUALS, WITHOUT REGARD TO THEIR RACE, COLOR, ANCESTRY, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, CITIZENSHIP STATUS, VETERAN STATUS, GENDER IDENTITY OR EXPRESSION, OR ANY OTHER CHARACTERISTIC OR STATUS THAT IS PROTECTED BY FEDERAL, STATE OR LOCAL LAW. THIS POLICY APPLIES TO HIRING, TENURE OF EMPLOYMENT, AND ALL TERMS AND CONDITIONS OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO PROMOTION AND DEVELOPMENT, ASSIGNMENT, TRANSFER, COMPENSATION, BENEFITS, DISCIPLINE, DEMOTION, AND TRAINING PROVIDED BY THE RESTAURANT.

HICKORY RIVER SMOKEHOUSE IS AN EQUAL OPPORTUNITY EMPLOYER AND WELCOMES ALL QUALIFIED INDIVIDUALS TO APPLY.

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED WITHOUT ANY PRIOR NOTICE."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW BY: _____ DATE: _____

HIRED: ☐ YES ☐ NO _____ POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: _____
RESTAURANT MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.