Please Mail Applications to: Arby's Restaurant
1531 CTH XX
Rothschild WI 54474
Attention: Kevin Lehman

# Employment Application

*Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.*

Date of Application_____

## PERSONAL INFORMATION

Name_____
Last First Middle Initial

Present Address_____
No. Street City State Zip Code

How long have you lived at this address?_____Telephone No. (  )_____
Area Code

Job applied for_____ Rate of pay expected $_____ per _____

How did you learn of this opening?_____

## AVAILABILITY

List hours available to work per week: ❑ Check here if available anytime.

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | From | To | From | To | From | To | From | To | From | To | From | To |
| | | | | | | | | | | | | | |

How many hours per week would you like to work? _____

Have you worked for Arby's before? Y___N___ If yes, When _____Where _____

## HOW WOULD YOU RATE YOURSELF?

(1=Improvement needed 2=OK 3=Good 4=Top Performer)

_____ Energy Level: Your sense of urgency, self-motivation and enthusiasm.
_____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback.
_____ Hospitality: Your natural friendliness and customer service skills.
_____ Reliability: Your dependability, attendance, self-discipline and dedication.
_____ Personal Pride: Your appearance, hygiene and achievement.
_____ Teamwork: Your cooperation with others and team spirit.

1. What achievement in life are you most proud of?_____
2. What are your personal strengths?_____
3. What are your weakest areas?_____
4. What are your five year goals?_____
5. Why do you want to work here? _____

Can you perform the essential functions of this job, with or without accommodations? ____Yes _____No

In Case of Emergency, Contact:_____Phone:_____

Do you have reliable transportation to work? ❑ Yes❑ No

Do you have any friends currently working for Arby's? ❑Yes ❑ No

If yes, state location of employment_____

*(PLEASE NOTE: ALL ITEMS ON REVERSE SIDE MUST BE COMPLETED)*

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's license*? _____ Yes _____ No If Yes, indicate _____
(State) (Number)

Do you have automobile liability insurance*? _____Yes _____No

*Only applicants whose job will involve driving need respond.

**LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT**

| Name, Address and Phone # of Company | From | | To | | Last Position Held | | Weekly Starting Salary | Weekly Ending Salary | Reason for Leaving | Name of Supervisor |
|---|---|---|---|---|---|---|---|---|---|---|
| | Mo | Yr | Mo | Yr | Title | Duties | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**PERSONAL REFERENCES** (Not former employers or relatives)

| Name and Address | Occupation | Phone Number |
|---|---|---|
| | | |
| | | |
| | | |

**RECORD OF EDUCATION**

| School | Name and Address of School | Course of Study | Years Attended | | Circle Last Year Completed | | | | Did you Graduate? | List Diploma or Degree | Grade Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | From | To | | | | | | | |
| High School | | | | | 1 | 2 | 3 | 4 | | | |
| College/VoT | | | | | 1 | 2 | 3 | 4 | | | |

**ADDITIONAL INFORMATION**

Are you 18 years of age or older? ❑Yes ❑ No If no, Date of Birth _____/_____/_____

Have you ever been counseled or disciplined for cash handling violations? ❑Yes ❑No

**IMPORTANT - READ BEFORE SIGNING**

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed_____ Date_____