

Employment Application

We appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. Resumes will be accepted as additional information but not in place of a completed application. Please be sure to sign the application when it is completed.

Yc's Mongolian Grill IS AN EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal, State and local laws which prohibit discrimination against qualified applicants on account of race, color, creed, national origin, religion, age, sex, marital status, disability, sexual orientation, or any other protected classification prohibited by Federal, State, or local law, if otherwise qualified.

NOTE: If you need assistance in completing this application because of a disability, we will be happy to assist you.

PERSONAL INFORMATION (Please print clearly in black ink or type)

Name:

| | | | |
|------|-------|--------|--------------------|
| Last | First | Middle | Social Security No |
|------|-------|--------|--------------------|

Current Address:

| | | | | |
|--------|------|-------|----------|------------|
| Street | City | State | Zip Code | Home Phone |
|--------|------|-------|----------|------------|

Permanent Address:

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

Type of Position Desired: _____ Date Available For Work _____

Can you *after employment* submit proof of U.S citizenship or verification documents of your legal right to work in the United States?
 Yes No

Are you 16 years or older? Yes No If No, list age: _____

Are you willing to work flexible hours, which could include weekends and/or overtime? Yes No

Indicate the shifts you are available to work by marking an "x" in the boxes below.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| Lunch | | | | | | | |
| Dinner | | | | | | | |

Were you previously employed by Yc's? Yes No

If Yes, Dates? _____ Location? _____ Position? _____

Do you have any relatives employed by Yc's? Yes No If Yes, list names, relationships, and place employed: _____

Do you plan to engage in other work while in our employ? Yes No

If Yes, Please list places of employment and describe the work as well as the hours: _____

Have you ever been convicted of a felony, pled guilty or no contest to a felony, been placed on probation for a felony offense or received deferred adjudication (Conviction will not necessarily disqualify an applicant fort employment)? Yes No If Yes, explain _____

Is there any reason you cannot perform the essential functions of the position/ positions for which you are applying? Yes No
 If Yes, explain: _____

Do you now have Hepatitis A, Salmonella, Typhus, TB or any other illness that can be spread by serving or preparing food? Yes No
 If Yes, explain: _____

EMPLOYMENT INFORMATION/HISTORY

Please provide your complete work history for the preceding three employers with the most recent first. Include military service, if applicable. We encourage you to attach a resume, but it may not take the place of information on this application.

EMPLOYER 1:

Type of Business:

Business Phone No: _____ Mailing Address: _____

Supervisor's Name: _____ May we contact them? Yes No

Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____

Ending Base Salary: _____ Starting Position Title: _____ Present or Last Title: _____

Please Circle: Full Time Part Time Seasonal

Briefly Describe Your Duties and Responsibilities:

Explain Reason for Leaving: _____

EMPLOYER 2:

Type of Business:

Business Phone No: _____ Mailing Address: _____

Supervisor's Name: _____ May we contact them? Yes No

Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____

Ending Base Salary: _____ Starting Position Title: _____ Present or Last Title: _____

Please Circle: Full Time Part Time Seasonal

Briefly Describe Your Duties and Responsibilities:

Explain Reason for Leaving: _____

EMPLOYER 3:

Type of Business:

Business Phone No: _____ Mailing Address: _____

Supervisor's Name: _____ May we contact them? Yes No

Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____

Ending Base Salary: _____ Starting Position Title: _____ Present or Last Title: _____

Please Circle: Full Time Part Time Seasonal

Briefly Describe Your Duties and Responsibilities:

Explain Reason for Leaving: _____

Have you ever been fired? Yes No If Yes, please explain: _____

EDUCATION

HIGH SCHOOL / G.E.D.

Name of School: _____ No. of Semester Hours Completed: _____ Graduated? Yes No

Location: _____ Type of Diploma/Degree: _____ Major Field of Study: _____

COLLEGE / UNIVERSITY / TECHNICAL / VOCATIONAL

Name of School: _____ No. of Semester Hours Completed: _____ Graduated? Yes No

Location: _____ Type of Diploma/Degree: _____ Major Field of Study: _____

Current Licenses / Registrations (Indicate Types and Dates Received):

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

If you have any questions regarding the following statements, please ask for assistance.

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is true and correct and that any false statements or omissions will justify my rejection or dismissal. I authorize _____ to (1) contact any of my previous employers as well as any reference source to verify the facts and information that I have furnished regarding my qualifications and my character; (2) obtain convictions; (3) obtain information from educational institutions concerning my educational record, conduct, and skills; and (4) obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I authorize any person(s) having knowledge to provide such information to _____, and release from liability and agree to hold harmless any person that furnishes such information in good faith. If I am employed, I agree to abide by rules, procedures, and policies as modified from time to time, including any drug-free work place policies.

If employed by _____, I understand that I will be an employee at will and that _____ or myself may terminate at my employment with _____ at anytime for any reason whatsoever. I understand that no supervisor or manager may alter or amend the above conditions. Only the president of _____ has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

If I am employed, I understand that I will be asked to sign a Federal I-9 form and to provide positive proof of my identity and verification of my right to live and work in the United States. Finally, I understand that this is not only an application for employment and an offer of nor contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

Applicant's Signature _____

Printed Name _____

Date _____