

# RCD, INC. APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.  
All statements made by applicants for employment on this application form will be checked for accuracy

Name (Print in Ink) _____	Today's Date _____
Current Address _____	
Previous Address _____	
Social Security Number _____	E-mail _____
Home Phone Number _____	Cell Phone Number _____

**Position(s) applying for (Must check specific position listed to be considered)**

<input type="checkbox"/> Server	<input type="checkbox"/> Server Assistant	<input type="checkbox"/> Bartender	<input type="checkbox"/> Host
<input type="checkbox"/> Broiler Cook	<input type="checkbox"/> Fry Cook	<input type="checkbox"/> Sautee Cook	<input type="checkbox"/> Prep Cook
<input type="checkbox"/> Expeditor	<input type="checkbox"/> Food Runner	<input type="checkbox"/> Pantry	<input type="checkbox"/> Dish
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Floor Manager	<input type="checkbox"/> Kitchen Manager	<input type="checkbox"/> Chef

Are you over the age of 17?  Yes  No

If you are applying for a server or bartender position, are you over the age of 21?  Yes  No

Do you have the legal right to work in the United States?  Yes  No

It is the policy of this employer to hire only United States Citizens or individuals authorized to work in the United States.  
All employees must verify employment eligibility prior to beginning work.

Date you are available to start \_\_\_\_\_ How many hours per week do you expect to work \_\_\_\_\_

Expected Hourly Rate \_\_\_\_\_ Expected Weekly Earnings \_\_\_\_\_

**Work Schedule Availability**

MON	TUE	WED	THUR	FRI	SAT	SUN

Are you willing to work a split shift?  Yes  No      Are you willing to stay late in an emergency?  Yes  No

Are you willing to work Holidays  Yes  No      Weekends  Yes  No      Sunday  Yes  No

Do you require requests off  Yes  No      Shift changes  Yes  No      Extended vacations  Yes  No

What dates do you need off in the next 6 months \_\_\_\_\_

Do you currently have a vacation planned  Yes  No If Yes, date \_\_\_\_\_

Is your schedule flexible so you can attend training?  Yes  No

**Education (Circle year completed)**

High School 9 10 11 12      Diploma:  Yes  No      College 1 2 3 4 Diploma:  Yes  No

List any Courses majored in or Degrees.

Have you been convicted of a felony, or been incarcerated in connection with a felony, in the past 10 years?  
from employment.  Yes  No

If you answered "Yes," please explain

**Work History – List your last 3 jobs. Please fill out all information completely**

Company Name  
Company Address  
Company Phone Number  
Name and Title of Immediate Supervisor

Job Title / Position  
Dates of Employment  
Reason for Leaving

May we contact this employer  Yes  No    Start Rate of Pay \$ \_\_\_\_\_ End Rate of Pay \$ \_\_\_\_\_

Company Name  
Company Address  
Company Phone Number  
Name and Title of Immediate Supervisor

Job Title / Position  
Dates of Employment  
Reason for Leaving

May we contact this employer  Yes  No    Start Rate of Pay \$ \_\_\_\_\_ End Rate of Pay \$ \_\_\_\_\_

Company Name  
Company Address  
Company Phone Number  
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Dates of Employment  
Reason for Leaving

May we contact this employer  Yes  No    Start Rate of Pay \$ \_\_\_\_\_ End Rate of Pay \$ \_\_\_\_\_

**Statement**

I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. I authorize RCD, INC. to check all personal and employment references and to verify all information I have included on this application form. I understand and agree that this application, policies, practices and procedures, and all other communication distributed to me by RCD, INC. do not constitute or supplement any contract of employment. If I am hired, I understand and agree that all benefits, policies, and procedures may be changed by RCD, INC. at any time, with or without notice. I further understand and agree that I have the option to terminate my employment relationship with RCD, INC. with or without cause and without notice at any time, and that RCD, INC. retain a similar right.

I understand and agree that this application will be kept on active file for 90 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_