

APPLICATION FOR EMPLOYMENT

* Are you over 18? Yes No
 If under 18 can you furnish a work permit? Yes No

* Are you over 21? Yes No

All offers of employment are subject to verification of your legal right to work in the United States. If offered employment, you will be notified of the proof you must submit to the Company to establish your right to work in the United States.

PLEASE FURNISH ALL INFORMATION REQUESTED. IT WILL BE TREATED IN CONFIDENCE.

DESIRED POSITION	DATE AVAILABLE	TODAY'S DATE
FULL NAME	FIRST MIDDLE LAST	<input type="checkbox"/> Have you used any other assumed name or other name? (PLEASE LIST BELOW)

OTHER NAMES I AM KNOWN BY

SOCIAL SECURITY NUMBER (OPTIONAL) TELEPHONE NO.

PRESENT ADDRESS STREET & NUMBER CITY & STATE ZIP CODE

PREVIOUS ADDRESS, IF LESS THAN ONE YEAR STREET & NUMBER CITY & STATE ZIP CODE

IF YOU ARE A MINOR, PLEASE LIST THE NAME(S) AND ADDRESS OF YOUR PARENT OR GUARDIAN

CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Convictions for marijuana-related offenses that are more than two years old need not be listed.)</small>	If yes, state nature of the crime(s), when and where convicted, and disposition of the case. <small>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</small>
PREVIOUS EMPLOYMENT WITH CRAFTSMAN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANSWER IS YES, STATE WHEN AND WHERE
PREVIOUS APPLICATION WITH CRAFTSMAN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANSWER IS YES, STATE WHEN AND WHERE

NAMES OF RELATIVES WORKING FOR CRAFTSMAN RESTAURANTS OR CRAFTSMAN EMPLOYEES YOU MAY KNOW	OCCUPATION	LOCATION
NAME		

WHO REFERRED YOU FOR A POSITION WITH CRAFTSMAN?

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

DO YOU HAVE ANY TATTOOS THAT WILL BE VISIBLE WHILE WEARING SHORT SLEEVE CRAFTSMAN ATTIRE? YES NO

EDUCATION & TRAINING – PRE-EMPLOYMENT (Include current courses, if any)

SCHOOL	NAME AND LOCATION	YEARS ATTENDED	GRAD?	DEGREE

HIGH		(not necessary for High School)	<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
BUSINESS OR TRADE			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
GRAD SCHOOL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	

CRAFTSMAN RESTAURANTS operates seven days a week. Are you available to work all days and all shifts? If not, please list the days and shifts you are **unable** to work.

What skills and experience can you bring to this position which you feel might be helpful?

• Answer only if a box has been checked to designate question. This question will be asked only if law requires that you be of minimum age for the position for which are applying.

IMPORTANT
PLEASE FILL OUT "PREVIOUS EMPLOYMENT"
SECTION BELOW COMPLETELY. INCLUDE
COMPLETE ADDRESSES WITH ZIP CODES.

PREVIOUS EMPLOYMENT

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

PERIOD OF EMPLOYMENT	NAME AND FULL STREET ADDRESS OF EMPLOYER & PHONE NO.	DESCRIBE DUTIES. ATTACH RESUME OR ADDITIONAL SHEETS.	MONTHLY SALARY	OFFICE USE REF. CK.
1. Present			Beginning	YES NO
	Or Last Position		\$	<input type="checkbox"/> <input type="checkbox"/>
From Mo. Yr.	Title of Your Position		Ending	
To Mo. Yr.	Your Immed. Supervisor	Reason for Leaving	\$	
2. Next			Beginning	YES NO
	Previous Position		\$	<input type="checkbox"/> <input type="checkbox"/>
From Mo. Yr.	Title of Your Position		Ending	
To Mo. Yr.	Your Immed. Supervisor	Reason for Leaving	\$	

3.	Next				Beginning	YES NO
	Previous Position				\$	<input type="checkbox"/> <input type="checkbox"/>
From Mo.	Yr.	Title of Your Position			Ending	
To Mo.	Yr.	Your Immed. Supervisor	Reason for Leaving		\$	
4.	Next				Beginning	YES NO
	Previous Position				\$	<input type="checkbox"/> <input type="checkbox"/>
From Mo.	Yr.	Title of Your Position			Ending	
To Mo.	Yr.	Your Immed. Supervisor	Reason for Leaving		\$	

I agree that:

1. Any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or for separation from the company's service if I have been employed.
2. If employed, my employment may be terminated by the company or me at any time without prior notice and with or without cause. I understand that any agreement contrary to the foregoing must be in writing and signed by the President of the company in order to be valid.
3. You may request each employer, person, company or school names above to answer all questions that may be asked and to give all information that may be sought in connection with this application or concerning me or my work habits, character, skill or action in any transaction.

I certify that all statements made in this application are true _____
Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE