

FULL APPLICATION FOR EMPLOYMENT



Hospitality Restaurant Group, Inc.

Owns and operates more than 75 franchised TACO BELL, KFC and Pizza Hut,
locations throughout the Midwest and Northeast.

FILL OUT and FAX to 1-315-451-9603

PERSONAL

Last Name	First	Middle	Date
Street Address			Other name(s) you've used at work or school
City, State, Zip			Home Telephone ()
How long have you lived at your current address?			Business Telephone ()
Person to Contact in Emergency (Name and Phone Number)			Social Security #
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired <input type="checkbox"/> Shift Manager: Food service or retail experience required. <input type="checkbox"/> Assistant Manager/Restaurant Manager: Management experience required.			Pay Expected

AVAILABILITY

Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____
If hired, when will you be available to begin work? _____	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT HISTORY

Please give accurate, complete employment record.
 Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employment dates From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Briefly Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Address	Employment dates From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Briefly Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Address	Employment dates From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Briefly Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Address	Employment dates From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Briefly Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY HISTORY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.	

ADDITIONAL EXPERIENCE SPECIFIC TO THIS POSITION

BUSINESS REFERENCES

Name	Address	Phone	Relationship

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

_____ Date

_____ Signature