



HOURLY EMPLOYMENT APPLICATION

We are pleased that you are interested in employment opportunities at Goody Goody.

Last Name	First Name	Middle Name	Email	Date
Street / PO Box	Apt. #	City	State	ZIP
Day Phone No.	Evening Phone No.	Social Security No. (last 4 digits)	Expected Hourly Pay Rate \$ _____ Minimum Amount Needed To Earn \$ _____/week \$ _____/month	
Position Applying For: (Please rank only 1st and 2nd choices)				
____ Server ____ Service Support ____ Greeter ____ Dishwasher ____ Kitchen Prep ____ Line Cook				
Do you have adequate transportation to and from work during our hours of operation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you applying for a full-time or part-time position? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		How many hours per week do you want to work? _____ Minimum _____ Maximum

1. (Front of House applicants only) How could you make Guests' first impression memorable when they walk in the front door? _____

2. If hired, can you present documents to prove your legal right to work in the U.S.? Yes No

3. Are you of legal age to serve alcoholic beverages (age requirements may vary by state). Yes No

4. We do not permit our employees to smoke in operating areas. Will you comply? Yes No

5. We do not tolerate drug use by employees. Will you comply? Yes No

6. Lifting up to 50 lbs. several times a day is an essential function of kitchen positions.
Are you willing and able to comply with this requirement? Yes No

7. Being on your feet for 6-9 hours at a time is a requirement in all positions.
Are you willing and able to comply with this requirement? Yes No

8. Have you ever applied for a position at the Columbia Restaurant Group or an affiliated company before? . Yes No
If yes, which location? _____ What was the result? _____

9. Please indicate any days or hours you are regularly unavailable.

	M	T	W	TH	F	S	SU
NOT AVAILABLE							

10. Please indicate your preferred schedule.

	M	T	W	TH	F	S	SU
START TIME							
END TIME							

11. Under what circumstances would you not feel comfortable serving alcohol? _____

12. Have you ever been employed by the Columbia Restaurant Group or an affiliated company? Yes No
If yes, which restaurant? _____ From: _____ / _____ To: _____ / _____
Month Year Month Year

What was your position? _____

13. How many jobs have you had in the past year? _____ Past two years? _____

Why did you leave? _____

14. We may train on days that you have other obligations. Are you willing to reschedule your plans to come to training? Yes No

(Note: Answering "Yes" to any of these questions will not automatically disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the position for which you are applying.

15. Have you ever:

Pleaded no contest to a criminal charge? Yes No

Pleaded guilty to a criminal charge? Yes No

Been indicted by a grand jury? Yes No

Been placed on probation for a criminal charge? Yes No

Been convicted of or plead guilty to a felony or any act or crime of a sexual, violent, drug-related or theft-related nature? Yes No

If yes to any of the above, give charge, location, date and describe the circumstances. _____

16. What commitments do you have, or do you anticipate, that may affect your schedule? _____

17. Would you be willing to work flexible hours (including weekends)? Yes No

18. Are you willing to work holidays? Yes No

19. If hired, how much notice do you need to give your current employer? _____

When can you start? _____

20. What are your long-term goals? _____

21. Please explain any specialized training or course work you have completed that relates to your desired position with us.

22. We have specific requirements for personal appearance for both the dining room and kitchen: clean and proper work apparel, no excessive jewelry or makeup, and good general hygiene.

Are you willing to meet our requirements? Yes No

23. In your opinion, what are the most important things to a Guest dining in our restaurant? _____

EMPLOYMENT HISTORY

Please complete this information regarding your work history. Please do not write "See resume."

	Current or Most Recent	Previous Position	Previous Position
NAME OF EMPLOYER			
ADDRESS/LOCATION			
MAY WE CONTACT THIS EMPLOYER? (if no, please explain)	Yes No Supervisor's Name _____	Yes No Supervisor' Name _____	Yes No Supervisor's Name _____
JOB TITLE (if in a management position, please indicate length of time in the position)			
HOURLY PAY RATE	Start _____ Last _____	Start _____ Last _____	Start _____ Last _____
LENGTH OF EMPLOYMENT	From: ____ / ____ Mo. Yr. To: ____ / ____ Mo. Yr.	From: ____ / ____ Mo. Yr. To: ____ / ____ Mo. Yr.	From: ____ / ____ Mo. Yr. To: ____ / ____ Mo. Yr.
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
AVERAGE NUMBER OF HOURS WORKED PER WEEK			
REASON FOR LEAVING			

Emergency Contact Information

Please list your emergency contact.

Name _____ Email _____ Phone _____

If employed, I hereby agree to abide by all policies and rules of Goody Goody, including those addressing job-related appearance and grooming standards. I understand that these policies and rules may be amended or revised by Goody Goody at any time and that nothing in this application creates, or will create, an express or implied contract of employment between Goody Goody and me. I understand that false, misleading or omitted information in my application, resume or interview(s) may result in discharge.