



HOURLY COPPERHEAD GRILLE EMPLOYMENT APPLICATION



Last Name		First Name		Middle Initial	Today's Date
Street/PO Box		Apt#	City	State	Zip
Day Phone # ()		Evening Phone # ()		Social Security Number	Expected Hourly Pay Rate
Do you have reliable transportation to and from work during our hours of operation? O Yes O No		Are you applying for a full-time part-time position? O Full-Time O Part-Time		How many hours per week do you want to work? Minimum _____ Maximum _____	
Position Applying For: O Server O Host/Hostess O Kitchen Prep O Busser O Bartender O Cook/Line Cook O Dishwasher O Carry Out					

- If hired, can you submit documents to prove your legal right to work in the U.S.?..... Yes No
- Are you of legal age to serve alcoholic beverages (18 years of age in PA)?.....Yes No
- We do not permit smoking in the restaurant while on duty. Are you willing to comply?..... Yes No
- Copperhead Grille does not tolerate drug use by employees before or during work.
Are you willing and able to comply with this requirement?..... Yes No
- Up to 50 lbs. of lifting several times a day is an essential function of kitchen positions.
Are you willing and able to comply with this requirement?..... Yes No
- Being on your feet for 6-9 hours at a time is a requirement in dining room positions.
Are you willing and able to comply with this requirement?..... Yes No
- How many jobs have you had in the past year? _____ Past two years? _____
- What were the circumstances for leaving each job? _____

- What is the minimum amount you need to earn? \$ _____/Week \$ _____/Month
- We may train on days you have obligations. Are you willing to reschedule your plans to come to training?..... O Yes No

11. Do you have any schedule obligations (e.g. annual trips, vacations, weddings, reserve duty or holidays) coming up that we need to know about?..... Yes No

12. *Have you been convicted of a felony that has not been annulled, expunged or sealed by the courts?
(Conviction will not necessarily disqualify an applicant from employment, but will be considered in the context of the entire application and position(s) applied for.)..... Yes No

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

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

15. Are you willing to work holidays? (We are closed on Thanksgiving and Christmas)... Yes No

16. Please indicate any days you are regularly unavailable.

	MON	TUES	WED	THUR	FRI	SAT	SUN
NOT AVAILABLE							

17. If hired, what notice do you need to give your current employer? _____

18. When would you be available to start? _____

19. Why are you applying for a position with us? _____

20. If offered a position with Copperhead Grille, how long would you plan to remain with us? _____

21. Please explain any specialized training or course work you have completed related to the position for which you are applying. _____

22. We have specific requirements for personal appearance for both the dining room and kitchen: clean, proper work apparel, no excessive jewelry or makeup, and good general hygiene. Are you willing to comply with these requirements?..... Yes No

23. Under what circumstance would you not feel comfortable serving alcohol? _____

Please complete the information requested below regarding your work history. Please do not write "See Resume".

EMPLOYMENT HISTORY			
	Current/Most Recent Employer	Previous Employer	Previous Employer
NAME OF EMPLOYER			
ADDRESS/LOCATION			
MAY WE CONTACT THIS EMPLOYER? IF NO PLEASE EXPLAIN.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPERVISOR'S NAME			
PHONE NUMBER			
LENGTH OF EMPLOYMENT	From _____ To _____ Month/Year Month/Year	From _____ To _____ Month/Year Month/Year	From _____ To _____ Month/Year Month/Year
POSITION(S) HELD			
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
HOURLY PAY RATE	Start _____ Last _____	Start _____ Last _____	Start _____ Last _____
AVERAGE NUMBER OF HOURS WORKED PER WEEK			
REASON FOR LEAVING			

Optional: Emergency Contact Information

Please list the person we should contact in case of an emergency. Name: _____ Phone: _____

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

Signature _____

Date _____

FOR COPPERHEAD GRILLE OFFICE USE ONLY

CANDIDATE, PLEASE DO NOT WRITE ON THIS PAGE

Describe the following working conditions to the candidate:

- | | | |
|---|---|--|
| <input type="checkbox"/> How much trainees earn | <input type="checkbox"/> Non-smoking environment | <input type="checkbox"/> Teamwork expectations (give examples) |
| <input type="checkbox"/> Length of training | <input type="checkbox"/> Hours (early, late shifts) | <input type="checkbox"/> Management team structure and tenure |
| <input type="checkbox"/> Bussers do dishes | <input type="checkbox"/> Tip Share | <input type="checkbox"/> Possible cross-training |

Review our benefits and background:

- | | | |
|--|--|---|
| <input type="checkbox"/> Meal program | <input type="checkbox"/> Simple uniform | <input type="checkbox"/> History of Copperhead Grille |
| <input type="checkbox"/> Growth plan | <input type="checkbox"/> Pay every two weeks | <input type="checkbox"/> Medical benefits |
| <input type="checkbox"/> Vacation policy | | |

HOURLY EMPLOYMENT VERIFICATION

	Employment Verification #1	Employment Verification #2
Date of Employment Verification		
Conducted By		
Company		
Name of Supervisor		
Supervisor's Title		
Phone Number		
"Mr./Ms. (Name) has applied for employment with us. I would like to verify some of the information given to us. When did he/she work for you company?"	From: _____ / _____ Mo. Yr. To: _____ / _____ Mo. Yr.	From: _____ / _____ Mo. Yr. To: _____ / _____ Mo. Yr.
"Would you re-employ him/her?"	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
"What was his/her job with you?"		
"He/she says compensation was \$_____. Is that correct?"	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____
"Why did he/she leave your company?"		
"I would like to talk to another individual who worked closely with (Name). Who can you recommend and how can I contact him/her?"	Name: _____ Position: _____ Phone #: _____	Name: _____ Position: _____ Phone #: _____
Additional Comments		

Management Recommendation: Continue Discontinue _____ Manager _____ KM