



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

(PLEASE PRINT)

Name _____ Date _____
First Middle Initial Last

Are you at least 18 years of age? Yes No Are you at least 21 years of age or older? Yes No

If you are hired, can you provide proof of authorization to work in the United States? Yes No

Address _____
Street City State Zip Code

Home Telephone () _____ Cell Number () _____

Email Address _____ Date of Birth _____

OTHER EMPLOYMENT RELATED INFORMATION

Referral Source: Friend Relative Walk-In Other: _____

Number of Hours Desired per week: _____ Full Time - or - Part Time

Can you work overtime? Yes No When can you start: _____

Position desired: 1st choice _____ Pay Desired: _____

Position desired: 2nd choice _____ Pay Desired: _____

<u>AVAILABILITY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
BRUNCH/LUNCH							
DINNER							

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	# OF YEARS ATTENDED	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				

EMPLOYMENT

Provide accurate and complete information on your full-time and part-time employment record. Start with your **present** or **most recent** employer.

Company Name	Telephone () -
Address	Employed – (month and year) From to
Name of Supervisor	Weekly/Bi-Monthly/Semi Monthly/Annual Pay (Circle One) Start: Last:
Job Title	Reason for Leaving:

Company Name	Telephone () -
Address	Employed – (month and year) From to
Name of Supervisor	Weekly/Bi-Monthly/Semi Monthly/Annual Pay (Circle One) Start: Last:
Job Title	Reason for Leaving:

Company Name	Telephone () -
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Name of Supervisor	Weekly/Bi-Monthly/Semi Monthly/Annual Pay (Circle One) Start: Last:
Job Title	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do **not** want us to contact. After an offer of employment has been extended and accepted, we reserve the right to contact these employers to verify information provided during the application process.

JOB RELATED SKILLS

Are you fluent in other languages? Yes No Please List: _____

Do you have a valid TABC Certification? Yes No

Do you have a valid Williamson County Food Handler's Card? Yes No

Please list any other education, training, special skills, licenses or certifications that are job-related:

NOTICE PURSUANT TO THE FAIR LABOR STANDARDS ACT (FEDERAL WAGE AND HOUR LAW):

I understand that tips will be treated as satisfying part of the minimum wage obligation unless prohibited by state law. To maximize guest service, we promote a policy of sharing tips among all employees who regularly and customarily provide service to our guests, such as hosts, bussers, food runners, and bartenders. Therefore, the practice of sharing tips among tipped employees is approved by all of our facilities, unless otherwise prohibited by state law. The amount of tipshare is a percentage of your gross sales, and will vary by location. Your management team will advise you of the tipshare percentage for your location. Management reserves the right to amend the tipshare percentage at its discretion at any time.

AUTHORIZATION

I attest with my signature below that I have given to The Rock true and complete information on this application and that no requested information has been concealed. I agree and understand that any misleading or false information provided by me herein, regardless of time of discovery, will justify my rejection for or termination from employment with the Company.

I further attest that I am qualified to perform all of the duties of the desired position.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate my background and all statements contained in this application, as may be necessary in arriving at any employment decision (including, but not limited to, criminal history, motor vehicle driving records, and credit history where allowed by law). I release The Rock and/or its agents from any liability that might arise from such an investigation.

I understand that this application is not a contract of employment. I understand that in the event of employment, my employment relationship is terminable at will and is not governed by an employment contract. I also understand that the use of illegal drugs or alcohol is prohibited during employment and is grounds for immediate termination. In the event that I am employed, I agree to abide by all policies and standards of The Rock. I also understand that a drug test may be administered prior to or at any time during my employment.

Signature of Applicant	Date
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