

Restaurant #	
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Western Sizzlin HOURLY

Employment Application

Complete in your own handwriting in ink. If employed, this becomes part of your permanent record. Western Sizzlin and all related entities consider applicants for all positions without regard to race, color, religion, sex, national origin, age (40 and over), disability, or any other basis prohibited by state or federal laws. Employment with Western Sizzlin and/or its related entities is at will. All questions must be answered and the application signed to be considered for employment.

Date Completed

About You	(I - 1)			Idla Taisi N		(C-sid Sc	#\
Name	(Last)	(First)	(Mic	ldle Initial)		(Social Secur	19 ##)
Name:	(Street) (City)		(City)	(State)		(Zip)	
Present Address:	(Street)		(City)		-	(State)	(Zip)
Permanent Address:					(ai	-	
Day Phone: ()				Night Phone:)	
Are you at least 18 years of ag						// or Equivalent? 🗆 '	Yes □No
Are you at least 16 years of ag							
Have you ever been employed b	y Western S	izzlin, or any of	our restaurants o	r offices? 🗆 `	yes □ N	0	
						/ To: _	//
Why did you leave							
Can you furnish proof of your r			□ Yes				
Do you have reliable transporto Have you been convicted of a f			□ Yes	□ No			
About The Job You'r	or about Person	Street with the second					
Position Application for:		□ Server □ Cashier	□ Line			Dish Room [l Commissary
Total hours available							
per week: _		Hourly r	ate desired:	tuguilo tara	Da	te you can start: _	
0		week is Monday		working hour	's range	from 7 am to Midr	ight.
INTERNAL WITHOUT IN	Monday:	Tuesday:	Wednesday:	Thursday:		day: Saturda	y: Sunday:
From:							
_) 		
То:		\ 					
Describe any specialized train	ing, apprentic	eship and skills u	which relate to yo	our ability to p	erform	the job for which	you have applied:
What You've Been D	oing Witl	n Yourself.		of war.	AFFICA		
Name and Locat	ion of School		Circle last year completed:	Did you gra	duate?	Course / Major:	Degree:
High School:			1 2 3 4	□ Yes	□ No		330803261
College:			1 2 3 4	□ Yes	□ N₀		
Other (Specify):			1 2 3 4	□ Yes	□ N₀		-

	Had (Please give accurate and completed Job 1 (most recent):		Job 2:		Job 3:	
Company Name:						
Address	•	-				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-			
0)						
Phone Number:						
Employment dates:			-			
Job title:	-					
Work Description:					•	
					_ [
Hourly Pay:						
Managers Name:						
Reason for Leaving:						
	z Can Con Vame:	tact (Please provid	e at least 2 (B)usin	less and 2 (P)erson	Address:	
		,	rnone #.		Addi ess.	
		— — —			1-4	
B/P						
B / P						
B/P						
Comments		 	 			
Applicant State	ement(P	lease read the following	3.)			
you to make such inve- may be necessary, and from all liability in cor franchisees and licens all liability in respondi	stigations and I I release We nnection with les, employers ng to inquiries n given in this	inquiries of information estern Sizzlin and its resthese actions. I hereby sectools and other per section with my	n provided herein (slated entities which release Western S sons, institutions o application for emp	and attached here shever the case me Sizzlin, its officer r businesses responsorment. I unders	to the best of my knowledge. I authorize to) and other matters related thereto any be, and its officers and employees s, employees and representatives, conding to investigations to inquiries from stand that false, misleading, incomplete a sult in a refusal to hire, or discharge in	
of time. I may termine	ate my employ erstand and a	ment at any time, and I	: may be dismissed	at any time witho	l, my employment is for no definite period ut prior notice of any reason or for no constitute a contract of employment or a	
I understand that by employers (if applicab procedures implement constitute a contract at the employer's disc	signing this ap le), and educa ed by the Cor for my emplo retion withou	itional institutions to co npany in the event of m yment. In addition, I un t notice.	enfirm the informa y employment are t derstand that any	tion provided. I al: for internal contro of these policies o	nave identified as references and former so understand that any policies or ols only and are not intended to be nor or procedures may be changed at any tim	
Finally, I understand time period, I must re			idered for 90 days	and that if I have	e not heard from the Company within tha	
	Signature of Applicant			Date		