

APPLICATION FOR EMPLOYMENT

Date Applied _____
 Accepted By: _____

MCKINNEY ROE

**“AT MCKINNEY ROE,
WE WILL GO THE EXTRA MILE
FOR ALL OUR GUESTS ALL
THE TIME.”**

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: (OPTIONAL) _____ S.S. # _____

DO YOU SMOKE YES NO

PRESENT ADDRESS: _____
STREET APT. # CITY STATE ZIP

PHONE # _____ REFERRED BY: _____

HAVE YOU EVER BEEN CONVICTED OR PLEADED NO CONTEST TO A CRIME? **Y N**
 IF YES EXPLAIN: _____

EMPLOYMENT HISTORY

FROM:				
To:	NAME & LOCATION	CONTACT NAME	YOUR POSITION	REASON FOR LEAVING
FROM:				
To:	NAME & LOCATION	CONTACT NAME	YOUR POSITION	REASON FOR LEAVING
FROM:				
To:	NAME & LOCATION	CONTACT NAME	YOUR POSITION	REASON FOR LEAVING
FROM:				
To:	NAME & LOCATION	CONTACT NAME	YOUR POSITION	REASON FOR LEAVING

POSITION DESIRED

POSITION: _____ DATE YOU CAN START: _____

HAVE YOU APPLIED HERE BEFORE? YES NO WHEN? _____

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR EMPLOYER? YES NO

ALL EMPLOYEES ARE EXPECTED TO BE AVAILABLE TO WORK ON MOTHER'S DAY, MEMORIAL DAY, FATHER'S DAY, LABOR DAY, AS WELL AS OTHER HOLIDAYS THAT WE MAY BE OPEN FOR BUSINESS.

DO YOU ACCEPT THAT YOU MUST BE AVAILABLE YES NO

What does "great service" mean to you?

How does an employee's attitude affect their co-workers & the reputation of McKinney Roe?

Describe a scenario, how you would "Go the extra mile" for a guest?

Describe how McKinney Roe could "go the extra mile" for all our employees?

I give permission to McKinney Roe to do a full criminal and credit check? **Y** **N** **Initials:** _____

SSN# _____

If hired I'm willing to submit to and pass a controlled substance test at that time or anytime in the future? **Y** **N** **Initials:** _____

SSN# _____

AVAILABILITY

WRITE AVAILABLE START TIME. I.E. "AFTER 4 P.M."

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE MCKINNEY ROE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS OR CURRENT EMPLOYMENT, AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE MCKINNEY ROE FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT **NO** REPRESENTATIVE OF MCKINNEY ROE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW

INTERVIEWED BY: _____

DATE: _____

HIRE DATE: _____

START DATE: _____

HIRED BY: _____

POSITION: _____