



Today's Date / /20_____

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

Applicant Information			
Last Name	First	Middle	
Street Address			Apt.
City	State	Zip	
Phone	email		
Position Applied For Restaurant: <input type="checkbox"/> Server <input type="checkbox"/> Kitchen <input type="checkbox"/> Operation Supervisor <input type="checkbox"/> Assistant Manager <input type="checkbox"/> Manager			
Central Kitchen: <input type="checkbox"/> Driver <input type="checkbox"/> Kitchen <input type="checkbox"/> Operation Supervisor <input type="checkbox"/> Assistant Manager <input type="checkbox"/> Manager			
Office: <input type="checkbox"/> Store Administrator staff <input type="checkbox"/> HR staff <input type="checkbox"/> Payroll staff <input type="checkbox"/> other _____			
Available Start Date / /		Desired Salary	
Available Working Days / <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Available time:			
Desired Working Term/ Short Term (How long?) Long Term(1 year or more) How long?			
Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____			
Which location(s)? _____			

Are you at least 18 years old? Yes no
 (if under 18, hire is subject to verification that you are of minimum legal age.)
 How did you here about our company and this job opening?

Employment History			
Company	From / /	To / /	
Address		Phone #	
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving?			
Job Title/Responsibilities			
Company	From / /	To / /	
Address		Phone #	
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving?			
Job Title/Responsibilities			
Company	From / /	To / /	
Address		Phone #	
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving?			
Job Title/Responsibilities			

SSG is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Education		
High School	Address	
From / / To / /	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College	Address	
From / / To / /	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other	Address	
From / / To / /	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other	Address	
From / / To / /	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

References	
Full Name	Relationship
Occupation	Company
Phone	# of Years Known
Full Name	Relationship
Occupation	Company
Phone	# of Years Known

Disclaimer and Signature	
<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.</p> <p>I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.</p> <p>I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.</p> <p>If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.</p> <p>In consideration for my employment, I agree to abide by the rules and regulations of the Company, which rules may be changed, withdrawn, added or interpreted at any time, at the Company's sole option and without prior notice to me.</p> <p>THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.</p>	
Signature	Date

FOR CALIFORNIA APPLICANTS ONLY: BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL. THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

Office Use Only:	Date	Name
Application Received	/ /	
SOG Employment History Check	/ /	<input type="checkbox"/> Beit <input type="checkbox"/> KS <input type="checkbox"/> Shigeta
Interviewed	/ /	
Result:		