

Last Name: _____

First Name: _____

Date: _____

Phone: _____

Email: _____

Application for Employment



**Cougar Country
Drive-In**

Statement of Strategic Intent

Dear Applicant:

Welcome! Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our team and maintaining the highest levels of quality, service and attention for our guests. We want you to understand that we believe in living our Vision, Mission, and Values are:

Our Vision...

Achieve Industry Leadership by developing and growing a Quality and Guest First Burgers Restaurant Concept.

Our Mission...

Lake City Restaurants Locations are the first choice for Burgers, Fries, Shakes and Ice Cream in the Inland Northwest.

Our Values...

We are Team Oriented company, who puts the Guest First.

We always deliver high-quality food.

We have a Clean and Welcoming Establishment.

We provide a Great Guest Experience, by living our Hospitality Mission.

Our Hospitality Mission

We create a fun, uplifting and individualized experience for each

Guest by living our Big 4 and because we genuinely care.

Our Guest are astonished with our “out of the ordinary” Hospitality.

If this feels like an environment for you, please sign and date below and continue on to complete the application.

Good Luck!

Mark Randolph

CEO

Signature _____ Date _____

Name (please print) _____

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____ / ____ / ____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Email Address _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

If the job you are applying for requires driving: Driver's License No. _____ State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

List any special skills or training (example: Food Handler's Permit; Barista Training, etc): _____

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

Shirt Size: Small Medium Large XL XXL XXXL _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

How many hours per week is ideal for you? _____

Using the form on the last page of this application, please mark all times you are NOT available to work. (Please note that Weekends, Breaks, & Event Weekends are mandatory, even though you may not be scheduled for those times.)

Are you willing to work: Overtime? _____ Weekends? _____ Holidays? _____ Summers? _____ On Short Notice? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? _____ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

If in high school, have you filled out the proper paperwork for working? Yes No

Will you live in Pullman this Summer? Yes No Which Dates? _____

College: 1 2 3 4 5 6 7 8

Degree & Major: _____

When will you graduate? _____

of Credits this Semester: _____

of Semesters Remaining: _____

Work History (Please begin with most recent. Fill out completely. Do not attach your resume.)

1. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Supervisor's Name & Title _____
Job Title/Duties & Responsibilities _____
Pay Rate _____ Specific reason for leaving: _____
If we contacted your prior supervisor, what would they tell us about you? _____

2. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Supervisor's Name & Title _____
Job Title/Duties & Responsibilities _____
Pay Rate _____ Specific reason for leaving: _____
If we contacted your prior supervisor, what would they tell us about you? _____

3. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Supervisor's Name & Title _____
Job Title/Duties & Responsibilities _____
Pay Rate _____ Specific reason for leaving: _____
If we contacted your prior supervisor, what would they tell us about you? _____

4. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Supervisor's Name & Title _____
Job Title/Duties & Responsibilities _____
Pay Rate _____ Specific reason for leaving: _____
If we contacted your prior supervisor, what would they tell us about you? _____

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why:

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

We are a drug free work environment. Coming to work under the influence of drugs or alcohol, or using drugs or alcohol while at work, will be grounds for immediate dismissal. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing.

IN ADDITION, I UNDERSTAND THAT WORK SCHEDULES ARE BASED ON SCHOOL SEMESTERS AND UNDERSTAND THAT MY TERM OF EMPLOYMENT RUNS THROUGH TO THE LAST DAY OF EACH SCHOOL TERM, AND INCLUDES EVENT WEEKENDS, HOLIDAYS, BREAKS, AND GRADUATION WEEKENDS.

I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____

**** PLEASE FILL OUT THE AVAILABILITY SCHEDULE ON THE FOLLOWING PAGE ****

FIRST NAME: _____

LAST NAME: _____

of Credits: _____

of Hours Requested: _____

If you are a student, please write in each block the times that your classes meet, i.e., M,W,F, 8am--9am. Also, please indicate by an X in the appropriate time slot other times **you are NOT available to work**. If you do not list the time of a class or place an X in a time slot, we will assume that you are available to work those hours.

DO NOT X OUT WEEKENDS AS THEY ARE MANDATORY, AS ARE SPECIAL EVENT WEEKENDS, & BREAKS.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:30 AM							
6:00 AM							
6:30 AM							
7:00 AM							
7:30 AM							
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* Do not X out Weekends as they are mandatory. ** Store hours may extend past 1:00am.