



Chill -N- Grill  
2810 Ashley Phosphate Rd. Ste. A1  
North Charleston, SC 29418  
843-789-3655

Application for Employment

Position Desired: \_\_\_\_\_ ☐ Full-Time  
☐ Part-Time Date: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modifications or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record, my record, my credit history, and my educational background and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provided on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**PERSONAL DATA**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_ How Long have you lived there? \_\_\_\_\_  
Street and Number City State Zip Years Months

Previous Address: \_\_\_\_\_ How Long have you lived there? \_\_\_\_\_  
Street and Number City State Zip Years Months

Telephone Number: \_\_\_\_\_ Are you 18 years of age or older? ☐ Yes ☐ No

Have you worked for this company before? ☐ Yes ☐ No If yes, please give date and position \_\_\_\_\_

Do you have any friends/relatives working here? ☐ Yes ☐ No If yes, Name/Relationship: \_\_\_\_\_

How would you get to and from work? \_\_\_\_\_

Have you ever pled guilty or 'no contest' to a crime or been convicted of a crime? ☐ Yes ☐ No

If yes, please give date and details of each: \_\_\_\_\_

\*Note: Answering 'yes' to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

## RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or last employer _____ Address _____ City, State, Zip _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor	Reason for leaving
Previous Employer _____ Address _____ City, State, Zip _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Supervisor	Reason for leaving
Previous Employer _____ Address _____ City, State, Zip _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Supervisor	Reason for leaving
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Previous Employer _____ Address _____ City, State, Zip _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Supervisor	Reason for leaving

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No If yes, please explain circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

\_\_\_\_\_

## SCHOOL INFORMATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Major Study	Describe Specialized Training, Experience, Skills and Extra Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

## EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State/Zip

Telephone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State/Zip

Telephone: \_\_\_\_\_

## PERSONAL REFERENCES

Name	Occupation	Address (Street, City, and State)	Telephone Number	Number of Years Known

## DRIVING INFORMATION

Do you have a current driver's license? ☐ Yes ☐ No

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain circumstances: \_\_\_\_\_

Do you have personal automobile insurance? ☐ Yes ☐ No Name of Insurance Company: \_\_\_\_\_

Has your personal automobile insurance ever been canceled? ☐ Yes ☐ No

If yes, please explain circumstances: \_\_\_\_\_

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI) ☐ Yes ☐ No

If yes, please explain circumstances and outcome: \_\_\_\_\_

\_\_\_\_\_

Have you ever been cited for a moving traffic violation in the last five (5) years? ☐ Yes ☐ No

If yes, please list them below. If none, please indicate "None":

Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location

## Availability

Please list hours you are available for work and any restrictions you may have.

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAY. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant