



55 Public Square  
Cleveland, Ohio 44113  
216/861-0900

KNOWN FOR QUALITY PRODUCTS,  
QUALITY SERVICE, QUALITY EMPLOYEES  
**APPLICATION FOR EMPLOYMENT**

**GENERAL DATA**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Is any additional information regarding change of name, use of any assumed name or nickname necessary to enable a check on your work record? If yes, explain \_\_\_\_\_

Current Address \_\_\_\_\_ Lived there how long? \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_ Lived there how long? \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ List date available to start work \_\_\_\_\_

List position desired \_\_\_\_\_ Salary Required \_\_\_\_\_

Have you ever applied at John Q's before? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Date \_\_\_\_\_ Job \_\_\_\_\_

Have you ever been employed by John Q's? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Date \_\_\_\_\_ Job \_\_\_\_\_  
Supervisor \_\_\_\_\_

How did you happen to apply to us for work? \_\_\_\_\_ If agency, list counselor \_\_\_\_\_

If ad, list paper, periodical, or other media \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL DATA**

Because of limitations on minors and liquor laws in some states we need to know the age of applicants who are under 21 years of age.

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ (Federal law prohibits age discrimination against those 40 - 70 years of age)

Do you have the right to legally remain and work in the United States? In the event of an offer of employment, all persons are required to provide documentation in compliance with the Immigration Reform and Control Act.

**POLICE CONVICTION RECORD:** (Do not list if your case has "expunged or sealed records".) In some instances employees have access to guests' property. We need to know the following: Have you been convicted within the past 5 years of a felony or summary offense which involved theft or physical assault upon the person of another human?

No  Yes  If yes, explain when, where, and details \_\_\_\_\_

Current Status? \_\_\_\_\_

Is there any reason why you will not be able to comply with our attendance policy? (This policy is relative to absences caused by circumstances beyond the employee's control. We consider this excused attendance.)

Is your transportation reliable to meet any work schedule requirement any day of the week?  Yes  No

Employment may be contingent on passing all parts of a medical examination testing ability to perform job related functions.

**OPTIONAL**

Many of our jobs involve working around hot equipment, lifting, and standing most of the shift. Many employees work with food and deal with the public. We would like to know if you have conditions that on some jobs could be a risk to your own health or to our guests'. Do you have any impairments, physical, mental or medical which could interfere with your performing the essential functions of the job for which you are applying in a reasonable manner?  
No  Yes  List \_\_\_\_\_

We are an Affirmative Action Employer covered by Section 503 of the Rehabilitation Act. If you have a physical disability and want to be considered under the program please indicate here \_\_\_\_\_. If there are any positions or types of positions for which you should not be considered, or job duties you cannot perform because of a physical, mental or medical disability, please describe: \_\_\_\_\_

**EDUCATION**

NAME	CITY	STATE	YEARS	COURSE/MAJOR	GRADES	Did you receive diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			10 11 12		Circle A B C D E F	Did you obtain a degree? Yes <input type="checkbox"/> No <input type="checkbox"/>
College			1 2 3 4		Pt. Avg.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			1 2 3 4		Pt. Avg.	From _____
Other			1 2 3 4		Pt. Avg.	_____

**EDUCATION (Continued)**

Business machines (list) \_\_\_\_\_

Foreign languages spoken \_\_\_\_\_ Other skills \_\_\_\_\_

**EMPLOYMENT DATA** (List most recent employers first, then follow in order with earlier ones.) We will check references.

NAME AND ADDRESS OF PREVIOUS EMPLOYERS	DATES				DUTIES	WHO HIRED YOU	REASON FOR LEAVING	
	From		To				Salary Per Wk.	Hours Per Wk.
Company	Mo.	Yr.	Mo.	Yr.				
Address								
City	State		Zip				Starting \$	# Wk.
Phone	Position Title						Finish \$	# Wk.
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name and Title								

Gap Explanation:

NAME AND ADDRESS OF PREVIOUS EMPLOYERS	DATES				DUTIES	WHO HIRED YOU	REASON FOR LEAVING	
	From		To				Salary Per Wk.	Hours Per Wk.
Company	Mo.	Yr.	Mo.	Yr.				
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Phone	Position Title						Finish \$	# Wk.
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City	State		Zip				Starting \$	# Wk.
Phone	Position Title						Finish \$	# Wk.
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name and Title								

**REFERENCE DATA**

Give names of two people, who are not relatives, nor former employers, you have known for two years.

NAME	ADDRESS	PHONE	TITLE	WHERE EMPLOYED

**APPLICANT, PLEASE READ AND SIGN**

This application for employment will be processed as quickly as possible.

I understand that my employment is dependent upon: (1) Abiding by company rules and regulations and (2) successful completion of a probationary period of at least 90 days. Information furnished or obtained as a result of any inquiry will not necessarily preclude employment but will be used as part of an overall evaluation of my qualifications. Pursuant to provisions of the Fair Credit Reporting Act, Public Law 91-508, I hereby acknowledge notification that an inquiry may be requested to procure information relating to my character, general reputation and personal characteristics and that if such request is made, the nature and scope of the inquiry will be provided to me upon written request. In connection with any inquiry that may be requested, I hereby authorize all public and private individuals, courts and law enforcement agencies, corporations, organizations, firms, institutions and agencies who possess information to release to John Q's Steakhouse or any designated representative thereof, without liability, all information concerning my background and personal history, and to allow copies to be made of any requested written data.

I understand that omissions and misrepresentations are sufficient cause for dismissal if employed and I certify that to the best of my knowledge the foregoing statements and historical information given by me are true. I understand that if hired, I agree to abide by appearance and grooming standards and rules and regulations of John Q's Steakhouse while employed by them. I understand that if I am employed by John Q's Steakhouse that my employment may be terminated either by John Q's Steakhouse or myself at any time with or without cause.



Signature \_\_\_\_\_ Date \_\_\_\_\_