

Team Member **Employment Application**

Work Experience

riease nst your previous experience beginning with most recent position.	mning with most recent po	OSHIOII.
Phone	Ending pav	Position
Dates of employment:	to	Supervisor
Reason for leaving		
Eligible for rehire? $\square \mathbf{Y} \mathbf{es} \square \mathbf{No}$		
2. Employer name and address		
Phone	Ending pay	Position
Dates of employment:	to	Supervisor
Reason for leaving		
Eligible for rehire? $\square Yes \square No$		
IMPORTANT AGREEMENT: PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW	READ THE FOLLOWIN	NG AND SIGN YOUR NAME BELOW
In compliance with Federal and State Equal Emp for without regard to race, color, religion, sex, nat	loyment Opportunity Laws, q ional origin, age, veteran's star	In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions applied for without regard to race, color, religion, sex, national origin, age, veteran's status, disability, gender identity or any legally protected status. I
or misleading information given in my application application, policy or similar writing constitutes a	n or interview(s) may result in guarantee of employment or a	or misleading information given in my application or interview(s) may result in a discharge and I acknowledge and understand that (1) no application, policy or similar writing constitutes a guarantee of employment or a contract of employment with the Company(2) my employment
and compensation can be terminated at any time, Company has the authority to enter into any cont	for any reason or for no reason act or agreement with me for	and compensation can be terminated at any time, for any reason or for no reason by the Company or me, and (3) no Manager or official of the Company has the authority to enter into any contract or agreement with me for employment for any specified period of time. I understand that
my employment and may be required to submit t investigations and inquiries of my personal, employment.	Day be required to submit to a o any drug or other test deem ovment, to financial history an	miless outerwise prombiled by applicable law, i may be required to submit to a physical examination with satisfactory results as a condition of my employment and may be required to submit to any drug or other test deemed appropriate by the Company. I authorize you to make such investigations and inquiries of my personal, employment, to financial history and other related matters as may be necessary in arriving at an
employment decision. I hereby release employer with my application.	s, schools, or persons from all	employment decision. I hereby release employers, schools, or persons from all liability for providing lawful information to inquiries in connection with my application.
with my application.		

Signature of Applicant

READ CAREFULLY BEFORE SIGNING Mac and Bob's is an Equal Employment Opportunity Employer.

WE OFFER

Full & Part-Time Positions

Flexible Hours for School

Employee Meal Discounts

Excellent Wages

Career Advancement Opportunities



316 E MAIN ST, SALEM, VA 24153 (540) 389-5999

macandbobs.com

Address

We want to know about YOU

Personal Information

	City	Cell Phone ()	
INABILIC (Last)	Address	Home ()	Email Address

Date you can start Desired Pay. Email A

Are you 18 years of age or older? Schools attended Are you legally eligible for employment in the USA? \square Yes \square No Position applying for

 $^{\rm N}$

 $\square \, \mathrm{Yes}$

 $_{0}^{N}$ Do you have reliable transportation? \square Yes \square Highest education level achieved to date

HISTORY

If yes, list details and dates. If yes, list dates \square Yes \square No Have you ever been convicted of a crime?

Have you ever worked for Mac and Bob's? \square Yes \square No \square Yes \square No Do you know anyone that works for us?

If yes, who? \square Yes \square No Were you referred by an employee?

If yes, provide employer name(s), and reason(s) If yes, who? \square Yes \square No

Have you ever been fired or asked to resign from a job?

AVAILABILITY

Circle all shifts that you are able to work:

day	bm
Sun	am
ırday	md
Satu	am
Friday	bm
	am
sday	bm
Thur	am
esday	bm
Wedn	am
Tuesday	md
	am
day	md
Mor	am

REFERENCES

Please list two references (not relatives) below.

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Company/Position

	Name	Phone
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