

Please Mail Applications to: Arby's Restaurant
 1531 CTH XX
 Rothschild WI 54474
 Attention: Kevin Lehman



Employment Application

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Date of Application _____

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Present Address _____
No. Street City State Zip Code

How long have you lived at this address? _____ Telephone No. (_____) _____
Area Code

Job applied for _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

AVAILABILITY

List hours available to work per week: Check here if available anytime.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours per week would you like to work? _____

Have you worked for Arby's before? Y___N___ If yes, When _____ Where _____

HOW WOULD YOU RATE YOURSELF?

(1=Improvement needed 2=OK 3=Good 4=Top Performer)

- _____ Energy Level: Your sense of urgency, self-motivation and enthusiasm.
- _____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback.
- _____ Hospitality: Your natural friendliness and customer service skills.
- _____ Reliability: Your dependability, attendance, self-discipline and dedication.
- _____ Personal Pride: Your appearance, hygiene and achievement.
- _____ Teamwork: Your cooperation with others and team spirit.

1. What achievement in life are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. What are your five year goals? _____
5. Why do you want to work here? _____

Can you perform the essential functions of this job, with or without accommodations? ___Yes ___No

In Case of Emergency, Contact: _____ Phone: _____

Do you have reliable transportation to work? Yes No

Do you have any friends currently working for Arby's? Yes No

If yes, state location of employment _____

(PLEASE NOTE: ALL ITEMS ON REVERSE SIDE MUST BE COMPLETED)

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's license*? _____ Yes _____ No If Yes, indicate _____
 (State) (Number)

Do you have automobile liability insurance*? _____ Yes _____ No

*Only applicants whose job will involve driving need respond.

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

Name, Address and Phone # of Company	From		To		Last Position Held		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	Title	Duties				

PERSONAL REFERENCES (Not former employers or relatives)

Name and Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Years Attended		Circle Last Year Completed	Did you Graduate?	List Diploma or Degree	Grade Average
			From	To				
High School					1 2 3 4			
College/VoT					1 2 3 4			

ADDITIONAL INFORMATION

Are you 18 years of age or older? Yes No If no, Date of Birth ____/____/____

Have you ever been counseled or disciplined for cash handling violations? Yes No

IMPORTANT - READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed _____ Date _____