



JOE'S REAL BBQ APPLICATION FOR EMPLOYMENT

FAX TO 480-503-0837
 OR BRING TO 301 N. GILBERT ROAD
 DO NOT MAIL

Gilbert ★ Arizona

TODAY'S DATE	JOB APPLIED FOR	WAGE DESIRED
DATE OF BIRTH	DATE YOU CAN START	

APPLICATION FOR EMPLOYMENT *PLEASE PRINT OR TYPE*

Last Name	First	M.I.	State	Social Security No.
Address	Street	City	ZIP	Phone Number

EDUCATION

	LAST GRADE COMPLETED	GPA	Subjects Studied	Degrees Honors
High School				
Community College				
College				
Vocational				

Career or Industry Specific Training or Seminars

Describe skills, experience and/or training that is related to the position for which you are applying.

RECORD OF EMPLOYMENT *(list most recent employer first)*

Company	From	To	Wage	Position
Address	Type of Business			
Reason For Leaving	Supervisor			
Company	From	To	Wage	Position
Address	Type of Business			
Reason For Leaving	Supervisor			
Company	From	To	Wage	Position
Address	Type of Business			
Reason For Leaving	Supervisor			

HOW DID YOU HEAR ABOUT JOE'S REAL BBQ? CIRCLE ALL THAT APPLY.
 NEWSPAPER FRIEND BANNER OTHER

HAVE YOU BEEN EMPLOYED AT JOE'S REAL BBQ OR JOE'S FARM GRILL BEFORE?
 CIRCLE ONE YES NO IF YES, WHEN?

ARE YOU AWARE OF ANY CONDITIONS THAT WOULD MAKE YOU UNABLE TO PERFORM THE RESPONSIBILITIES OF THIS POSITION? CIRCLE ONE.
 YES NO IF YES, EXPLAIN.

AS A CONDITION OF EMPLOYMENT WILL YOU SUBMIT TO A DRUG TEST?
 YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? CIRCLE ONE
 YES NO

IF THERE ARE NO POSITIONS FOR YOU AT JOE'S REAL BBQ BUT WE HAVE OPENINGS AT OUR SISTER RESTAURANT, JOE'S FARM GRILL, WOULD YOU LIKE US TO FORWARD YOUR APPLICATION TO THE OTHER RESTAURANT?
 YES NO

PLEASE LIST AT LEAST TWO REFERENCES YOU HAVE KNOWN YOU FOR MORE THAN 1 YEAR.

NAME	ADDRESS	PHONE	RELATIONSHIP

CAN YOU PRODUCE LEGAL EVIDENCE OF YOUR RIGHT TO WORK?
 YES NO

I ASSERT THAT TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION I HAVE PROVIDED IS BOTH ACCURATE AND COMPLETE.

NAME (PRINT) SIGNATURE DATE

EMPLOYEE AVAILABILITY SHEET

EMPLOYEE NAME _____

DATE _____

POSITION _____

Please fill in the days and day parts that you are available to work. Keep in mind that we will use this information in determining your hire status and, subsequently your work schedule. Your signature below is your guarantee that you are available to work on the days and times indicated.

	MON	TUE	WED	THUR	FRI	SAT	SUN
DAY							
NIGHT							

I ASSERT THAT I AM AVAILABLE TO WORK AT JOE'S REAL BBQ ON THE DAYS AND SHIFTS AS INDICATED ABOVE.

EMPLOYEE SIGNATURE _____

DATE _____

FAX ALL 3 COMPLETED PAGES TO 480-503-0837

Our hiring policy is simple:

WE FOLLOW THE LAW!

This company hires lawful workers only – U.S. citizens or nationals and non-citizens with valid work authorization – without discrimination.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact the:

Department of Homeland Security
USCIS/SAVE Program
111 Massachusetts Avenue, 2nd Floor
Washington, DC 20001
Phone (888) 464-4218

Nuestra póliza de empleo es simple:

NOSOTROS SEGUIMOS LA LEY

Sin discriminación, esta compañía emplea solamente trabajadores legales – ciudadanos o nacionales de los Estados Unidos y extranjeros con autorización de trabajo.

La Ley Federal de Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que buscan empleo en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la Ley, esta compañía participa en un programa Piloto Básico de verificación de empleo, establecido por El Departamento de Seguridad Nacional (DHS) en conjunto con la Administración de Seguro Social en esta forma los empleadores, verificaran la elegibilidad de todos los nuevos aplicantes. Nuestra participación en este programa piloto, hace que no exista ningun tipo de excepción en la Ley, tenemos la obligación de completar el formulario I-9 para toda persona que nosotros empleamos.

Para mayor información de este programa de verificación, puede usted comunicarse:

Department of Homeland Security

U.S. Citizenship and Immigration Services

Systematic Alien Verification for Entitlements (SAVE)Program

Washington, DC 20529

Phone (888) 464-4218