Hardee's Crew Member Application for Employment

Address	ne First		Middle			Last	
		City		State		Zip	
relephone # (_)		Other # (
osition applie	d for		Date	e of Application			/
Referral source	e (What prompted you t	o apply for this position	on?)				
lave you ever	worked for the compar	ny before? Yes	No If yes, dates and lo	cation/	to/		Location
Are you 18 yea	ars of age or older?	Yes 🗆 No	If not, are you	ı □ 16 □	□ 17		
What is your d	esired salary range or h	ourly rate of pay? \$_	pe	r			
Have your eve	r been convicted of a fe	elony? 🗆 Yes 🗆 N	lo If yes, please	provide date(s) a	nd details.		
are you able to	o perform the essential	functions of the job w	ith or without reasonable a	accommodations?	□ Yes	□ No	
•	\dot{r} eligible to work in the t	•					
AVAILA	BILITY						
otal hours av	ailable per week	S	Shift applied for	Plea	ase indicate the ti	mes you are availat	ole for work eac
DAY	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u> <u>W</u>	<u>ednesday</u>	Thursday	<u>Friday</u>	Saturday
ROM							
·o	times you are not availa	ble to work?					
Are there any t	es may vary from week	to week and occasion	nally you may be asked to	stay late, leave ea	arly, or come in or	your day off. By a	accepting a posit
Are there any to	es may vary from week any, you are acknowled	to week and occasion	nally you may be asked to tand that schedules may c	stay late, leave ea	arly, or come in or	your day off. By a	accepting a posit
Nork schedule	es may vary from week	to week and occasion	nally you may be asked to	stay late, leave ea	arly, or come in or	your day off. By a	accepting a posit
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EMPLOYMENT HISTORY for the past 10 years Starting with your most recent employer, please provide the following information. Use additional sheet if needed. Employer _ Phone Number (Last Day Worked Start Date _ Starting job title/final job title / Immediate Supervisor and Title May we contact? Why did you leave? __ Summary of type of work performed / responsibilities ____ Phone Number () ______ Employer ___ ______ Last Day Worked _____ Start Date ___ _____ City _____ State/Zip _____ Street Address _____ Starting job title/final job title ______ Immediate Supervisor and Title ___ _____ May we contact?___ Why did you leave? Summary of type of work performed / responsibilities. _____ Phone Number () __ __ __ Employer ___ _____ Last Day Worked ___ Start Date __ _____State/Zip ____ Street Address __ Starting job title/final job title ______ May we contact?____ Why did you leave? Summary of type of work performed / responsibilities. Phone Number () Employer ___ ______Last Day Worked _____ Start Date ___ ____ State/Zip ___ Street Address ___ Starting job title/final job title / Immediate Supervisor and Title May we contact? Why did you leave? Summary of type of work performed / responsibilities. ___ PLEASE EXPLAIN ANY GAPS OF UNEMPLOYMENT Fair Credit Reporting Act and Employment At Will Disclosure. I understand I am applying for employment which can be terminated at will by either myself or The Company at any time and that nothing contained in any manual, brochure, or other

I understand I am applying for employment which can be terminated at will by either myself or The Company at any time and that nothing contained in any manual, brochure, or other Company materials shall constitute an implied contract for employment or continued employment. I authorize the Employers and it's Agents, listed above to provide The Company with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to The Company as well as from the use or disclosure of such information by The Company or any of its' Agents, Employees or Representatives. I understand that false or incomplete information in this application for employment is grounds for dismissal and forfeiture of all related benefits.

I certify that the information on this application is accurate and complete.

Signature_

I understand that my employment with The Company is at will and cannot/will not be changed. The Company has the sole and absolute discretion to reduce the hours, change my shift, rate of pay, amend, supplement or rescind any policy, practice or benefit provided or end my employment at anytime.

Signature_____