

OUTBACK HOURLY OUTBACKER EMPLOYMENT APPLICATION

Last Name Firs	t Name		Middle Initi	ial Today	's Date		
Street/P.O. Box	Apt. #	City		Stat	e ZIP Code		
Day Phone No.	Evening Phone No.		Social Security Expected Hourly P Number		Expected Hourly Pay Rate		
Do you have reliable transportation to and from work during our hours of operation?	Are you applying for a position?	ı full-time or par	-time How many hours per week do you want to work?				
O Yes O No	O Full-Time O	Part-Time	Minimum Maximum				
Position Applying For: O Server O Bartender O Cook/Line		O Kitchen Pre O Dishwasher		O Bus	ser		
1. If hired, can you submit docu	ments to prove you	ur legal right	to work	in the U.S.	?		
2. Are you of legal age to serve	alcoholic beverage	es (age requ	uirement	s may vary	by state)? Yes O No		
3. We do not permit smoking in	the restaurant whi	le on duty. A	Are you w	willing to co	mply? Yes O No		
4. Outback does not tolerate drug use by employees before or during work. Are you willing to comply?							
5. Up to 50 lbs. of lifting severa Are you willing and able to co				•	sitions. • Yes • No		
6. Being on your feet for 6-9 ho Are you willing and able to co					ions. O Yes O No		
7. Have you ever applied for a lif yes, which location? What was the result?					e? Yes O No		
8. Have you ever been employed If yes, which restaurant?							
	To:						
What was your position?							
Why did you leave?							
9. How many jobs have you ha	d in the past year?			_ Past two	years?		
10. What were the circumstance	s for leaving each j	job?					
11. What is the minimum amoun	t you need to earn	?\$	/	week \$	/month		

12.	We may train on days come to training?							O Yes O No
*13.	Do you have any schedule obligations (e.g., annual trips, vacations, weddings, reserve duty, or holidays) coming up that we need to know about? • Yes • No							O Yes O No
**14	14 *Have you been convicted of a felony that has not been annulled, expunged or sealed by the court?							
	(Conviction will not necessarily disqualify an applicant from employment, but will be considered in the context of the entire application and position(s) applied for.)							entire
	**California residents only: You may exclude any marijuana related convictions over two years old.							
	**Massachusetts residents only: An applicant for employment who has a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.							
*15	. What commitments	do you hav	ve, or do you	ı anticipate, t	hat may affe	ect your sched	dule?	
*16	. Would you be willin	g to work fl	exible hours	(including w	eekends)? .			O Yes O No
*17	. Are you willing to w	ork holiday	s? (We are	closed on Th	anksgiving a	nd Christmas	s.)	O Yes O No
*18	. Please indicate any	days you	are regularly	unavailable.				
		MON	TUES	WED	THURS	FRI	SAT	SUN
	NOT AVAILABLE							
19.	If hired, what notice d	lo you need	d to give you	r current emp	oloyer?			
20.	When would you be a	available to	start?					
	Why are you applying							
*22.	If offered a position with Outback, how long would you plan to remain with us?							
*23.	Please explain any s which you are applyir		_					
	We have specific requestern, proper work as Are you willing to confunder what circumsta	pparel, no e	excessive jev ese requiren	velry or makenents?	eup, and goo	od general hy	giene. (
_0.								

^{*}You may omit any information indicating legally protected characteristics.

Please complete the information requested below regarding your work history. Please do not write "See Résumé."

EMPLOYMENT HISTORY								
	Current or Most	Recent Employer	Previous	s Employer	Previous	Employer		
NAME OF EMPLOYER								
ADDRESS/LOCATION								
MAY WE CONTACT THIS EMPLOYER? IF NO, PLEASE EXPLAIN.		O Yes O No		O Yes O No		O Yes O No		
SUPERVISOR'S NAME								
PHONE NUMBER								
LENGTH OF EMPLOYMENT	From Month/Year	To Month/Year	FromMonth/Year	To Month/Year	FromMonth/Year	To Month/Year		
POSITION(S) HELD								
DESCRIPTION OF DUTIES AND RESPONSIBILITIES								
HOURLY PAY RATE	Start	Last	Start	Last	Start	Last		
AVERAGE NUMBER OF HOURS WORKED PER WEEK								
REASON FOR LEAVING								
Optional: Emergency Contact Information								
Please list the person we should contact in case of an emergency. Name: Phone:								
If employed, I hereby agree to abide by all policies and rules of Outback Steakhouse, Inc., including those addressing job-related appearance and grooming standards. I understand that these policies and rules may be amended or revised by the Outback Steakhouse, Inc., at any time and that nothing in this application creates, or will create, an express or implied contract of employment between the Outback Steakhouse, Inc., and me. I understand that false, misleading, or omitted information in my application, resume, or interview(s) may result in discharge.								
Signature			Date					

Attention: All HOURLY applications must be returned to an Outback restaurant. All MANAGEMENT applications must be returned to a Joint Venture Partner. (Please DO NOT submit a MANAGEMENT application to an Outback restaurant.)

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FOR OUTBACK OFFICE USE ONLY CANDIDATE, PLEASE DO NOT WRITE ON THIS PAGE

Describe the following working conditions to the candidate:

O How much trainees earn O Non-smoking environment	•	early, late shifts)	O Teamwork expectate O Management team			
O Bussers do dishes	O Possible	e cross-training	O 2-3 table stations			
Review our benefits and bac	kground:					
O Meal program O Vacation		policy	O Pay every two week	(S	O History of Outback	
O Growth plans			O Opportunity (cross-	training,		
O Dinner only	O Insurance	ce details new restaurants, a		Ivancement)		
	HOUR	LY EMPLO	YMENT VER	IFICATION		
		Employme	nt Verification #1	Employment Verification #2		
Date of Employment Ve	rification					
Conducted by						
Company						
Name of Supervisor						
Supervisor's Title						
Phone Number						
"Mr./Ms. (Name) has applied for employment with us. I would like to verify some of the information given to us. When did he/she		From:Mo. To:Mo.	/ Yr. / Yr.	From:Mo. To:Mo.	/ Yr. / Yr.	
work for your company		O Yes O No		O Yes O No		
"Would you re-employ "What was his/her job v		O res O No		J res J No		
you?"	WILLI					
"He/she says compens \$ Is that cor		O Yes O No	\$	O Yes O No	\$	
"Why did he/she leave y					·	
"I would like to talk to another individual who worked closely with (Name). Who can you recommend and how can I contact him/her?"		Name		Name		
		Position		Position		
		Phone #		Phone #		
Additional Comments						
Management Recomm	nendation:	O Continue	O Discontinue	Man	agerKM	