

EMPLOYMENT HISTORY*List previous jobs - start with last employer first:*

Employer _____ Address _____ Your Title/Position _____ Supervisor's Name _____ Your Duties _____ Reason for Leaving _____	Dates of Employment: FROM: Month Year - TO: Month Year Salary History: STARTING SALARY: \$ - ENDING SALARY: \$ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____ Your Title/Position _____ Supervisor's Name _____ Your Duties _____ Reason for Leaving _____	Dates of Employment: FROM: Month Year - TO: Month Year Salary History: STARTING SALARY: \$ - ENDING SALARY: \$ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL & EMERGENCY CONTACT

Do you have any physical condition that may limit your ability to do the job applied for? Yes No

If yes, please explain: _____ Would you agree to take a physical examination? Yes No

In case of emergency, notify:

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

REFERENCES *List 2 persons who have known you for at least 1 year. Do not include relatives or Happi House employees.*

Name: _____ Phone: () _____ Occupation: _____

Name: _____ Phone: () _____ Occupation: _____

May we contact these individuals? Yes No

APPLICANT STATEMENT & UNDERSTANDING

I authorize investigation of all statements contained in this application form if I am considered for employment, and I hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may not be on their records. I also authorize a credit report.

I understand that any misrepresentation or omission of the fact called for herein, receipt of unsatisfactory references, or failure to pass a prescribed physical examination will be sufficient cause for dismissal if I shall have been employed.

I understand there is a probationary period and that either of us may terminate our work relationship during this probationary period for any reason. I further understand that if I am hired, my employment with Happi House Restaurants, LLC will be on an "at-will" basis which means that my employment may be terminated at any time, with or without cause or advance notice, either by myself or the company, additionally, I understand that if I am employed by Happi House, I will have no guaranteed schedule or amount of scheduled hours. I further understand that the "at-will" nature of employment with the company, and no guaranteed schedule or hours, are aspects that cannot be changed except by a written document signed by the CEO of the company.

I understand that maintaining any government agency required food service handler certifications at my own expense is my responsibility and a condition of my employment. Furthermore, I understand that flexibility in work hour is necessary.

Applicant's Signature: _____

Date:

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MANAGER'S USE ONLY

Interview Date:	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:33%; height:20px;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>				Start Date:	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:33%; height:20px;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>				Work Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	
				Rate: \$		Store #:							