Team Member Application

## How to Complete This Application

Use a blue or black pen. Print neatly, so your answers are easy to read. If you need more space, attach an additional piece of paper.

Answer all of the questions completely. If you do not understand a quetion, ask the manager to explain it. Applications that are not fully completed will not receive any consideration.

If you have any questions aout job duties or career opportunities with The Rock, ask the manager. He or she will be glad to answer them.

Carefully read the information on the application. Once you have answered the questions and read the information, sign the application.

Return the completed application to the manager. He or she will review the application and contact you. Applications are effective for 60 days, after which you must reapply. This time period may be extended if you are interviewed for a position during the 60-day time period.

Position Requested

	Host, Bus, Expo Server		Bartenders Dishwasher	<ul><li>Line (</li><li>Mana</li></ul>	Cook gement
Perso	nal Information				
Name (first, r	niddle, last)			Today's Date	E-Mail Address
Street Address	3			Social Security Number	
City		State	Zip	Phone Number	Cell Phone Number
Are you und	er the age of 18?	Yes 🖵 No	If "yes,"	' please state date of birth:	
Can you, if	offered employment, submit ve	erification of your le	egal right to work in th	e U.S.?	I Yes I No
Have you ev	er been counseled or discipline	ed for being late or	absent from work or sc	hool?	Yes I No
and compylo	bacter, may prevent you from h	andling or serving fo	od in a sanitary and hea		shigella, staphylococcus, streptococcus, giardia, ion of this job involves serving food or handling tion of this job?
				r a crime involving violence to Note: Convictions are not an a	another person? 🗅 Yes 🗅 No utomatic disqualification from employment.

<i>Availability</i> (for Crew Member and Shift Manager applicants only)								
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
From to	From to	From to	From to	From to	From to	From to		
If hired, when could you begin work? How many hours do you want to work each Month/Day/Year				h week?				
Do you have reliable transportation to get to work? 📮 Yes 📮 No								

Work Experi	i <b>ence</b> (past 10	) years)			
COMPANY	ADDRESS	POSITION & DUTIES	SUPERVISOR & PHONE	DATES EMPLOYED	REASON FOR LEAVING
Management reference check done by:					Ending wage \$
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Management reference check done by:			_		 Ending wage \$

Have you ever worked for The Rock? 🖵 Yes 📮 No 👘 If yes, please list dates \_\_\_\_\_

Education	r						
SCHOOL MOST RE	CENTLY ATTE	NDED:					
Name		Address			City	State	_Phone
Teacher or Counselor					Last Grade Completed	1	Grade Point Average
Graduate? 🗅 Yes	🖵 No	Now Enrolled? 📮 Yes	🖵 No	Degree Earned	1		
					1		

Please list all job-related organizations, clubs, or activities you are/were involved in at school, except that, if you wish, you may omit those that indicate race, religion, color, national origin, ancestry, sex, disability, sexual orientation, or other protected class status. (Use a separate sheet if necessary).

## Equal Opportunity Employer

This restaurant does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, marital status, veteran status, or any other factors made unlawful under applicable federal, state, and local legislation. All personnel decisions are made without prejudice or discrimination, in accordance with the principals of equal opportunity. The Rock is willing to discuss reasonable accommodations for needs related to disability and religion, as such relates either to the job or the application process.

## Equal Opportunity Employer

## READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

- 1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission could result in denial of my application, withdrawal of any employment offer, or immediate discharge.
- 2. I understand that in connection with the application process, The Rock and its representatives may contact my current and former employers, educational institutions, and other relevant third parties to obtain additional information related to the information given by me in this application. I also understand that The Rock may provide such

information to its affiliates and to other third parties. I hereby request, release, and consent to the release and disclosure of such information. I f further release and hold harmless The Rock, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from activities, whether known or unknown to me presently, that I may have, now or in the future.

3. If employed, I agree to conform to the rules and regulations of The Rock and understand that I will be an employee-at-will, and my employment may be terminated at any time by me or The Rock, with or without notice for any reason.