CAPITAL RESTAURANT CONCEPTS, LTD.

APPLICATION FOR EMPLOYMENT PLEASE PRINT LEGIBLY

CAPITAL RESTAURANT CONCEPTS, LTD. complies with the law regarding reasonable accommodation for disabled employees and is committed to providing equal employment opportunities to all applicants and employees. Applicants requiring a reasonable accommodation in order to participate in the interview process are requested to contact the Director of Human Resources in order to arrange such accommodation. CAPITAL RESTAURANT CONCEPTS, LTD. makes all employment decisions, including those related to recruitment, hiring, training, promotion, and recognition of applicants and employees on the basis of their ability and qualifications, without regard to race, color, national origin, religion, sex, age, physical or mental disability, or any other protected status. We are an Equal Opportunity Employer.

APPLICATION DATE:	REFERRED BY:			
PERSONAL INFORMATION:				
Last Name:	First Name:	MI:		
Social Security Number:	-			
Address:		Apt.#:		
City:	_State:	ZIP:		
Telephone: ()	Pager/Cell Phone: ()			
POSITION DESIRED (First):	POSITION DESIRED (Second)):		
SALARY DESIRED (First): SALARY DESIRED (Second):				
SILLINI DEGRED (FIISO).	SIEINI DESINED (Second)			
FOR HOURLY POSITIONS PLEASE NOTE:	FULL-TIME □ PART-TIME □			
HOURS OF AVAIL	Wednesday Thursday Friday	Saturday Sunday		
Have you ever been employed by CAPITAL RESTAURA	NT CONCEPTS, LTD. before? Yes \square No \square			
If a job is offered, will you be able to provide verification o	f your legal right to work in the United States? Yes	□ No □		
Are you of legal age to serve alcoholic beverages? Yes $\ \square$	Vo □			
Are you eligible to receive any and all licenses/permits requ	uired by law to perform the position(s) for which you	ı are applying? Yes □ No □		
Do you understand the physical requirements of this job and can you perform them? Yes \hdots No \hdots				

EDUCATION AND	TRAINING				
Type of School	Name of School/ City &	Years	Type of Degree,	Major/Minor	Graduated
	State	Completed	Diploma, or	Field of Study	Yes/No
			Certificate		
High School		8,9,10,11,12			
College		1,2,3,4			
College					
Other/Relevant Training					

EMPLOYMENT HISTORY

Please provide information concerning your work history by filling this section out completely. Verified work performed on a volunteer basis may be listed. List present or most recent job first. Please provide an explanation for any gaps in time in employment history. Military experience may be included. You may attach a resume however the following section must be completed.

1. Employer:		Position:				
Address:		City/State:	ZIP:			
Phone:	May we contact this employer:					
Contact Name:		Title:				
Dates Employed From:	To:	Starting Salary:	Ending Salary:			
Reason for Leaving:						
2. Employer:		Position:				
Address:		City/State:	ZIP:			
Phone:	May we contact this employer:					
Contact Name:		Title:				
Dates Employed From:	To:	Starting Salary:	Ending Salary:			
Address:		City/State:	ZIP:			
Phone:	May we contact this employer:					
Contact Name:		Title:				
Dates Employed From:	To:	Starting Salary:	Ending Salary:			
Reason for Leaving:						
nvestigations and inquiries of the elease employers, schools, and of connection with my application. I may result in a refusal to hire, or olocumentation establishing my leny employment will be at will an RESTAURANT CONCEPTS, LT	information provide ther persons, institut understand that fals discharge in the ever gal authorization for d that I will not have TD. is an Equal Oppo	ed herein, and other matters relations or businesses from all liabile or misleading information givent of employment. I understand the employment prior to commence a contract for employment nor ortunity Employer, and shall treated	rledge. I authorize you to make such ted thereto, as may be necessary. I he lity in responding to inquiries in en in my application or during intervithat I shall be required to provide ing work. I understand that if employ a guarantee of employment. CAPIT at all employees and all applicants force with all applicable local, state and			
Applicant's Signature	Print N	ame	Date			