

# Governor's Restaurants



Applications reactive for ninety days after submission.

**PLEASE PRINT LEGIBLY**

**POSITION APPLIED FOR:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you Under 18 years old?  YES  NO If "YES" Please give your birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you been convicted of a felony in the past seven years?  YES  NO

If "YES" Please explain: \_\_\_\_\_

How many hours per week would you like to work? \_\_\_\_\_

Please fill out the chart below with what hours you would be available to work:

	M	T	W	TH	F	SA	SU
FROM:							
TO:							

## EDUCATION

	Name, Address & Phone #	Major	# of Years	Graduation Date
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

## EMPLOYMENT

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Held: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Pay Rate When You Left: \_\_\_\_\_ Date Job Started: \_\_\_\_\_ Date Job Ended: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Held: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Pay Rate When You Left: \_\_\_\_\_ Date Job Started: \_\_\_\_\_ Date Job Ended: \_\_\_\_\_  
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Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Held: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Pay Rate When You Left: \_\_\_\_\_ Date Job Started: \_\_\_\_\_ Date Job Ended: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

May we contact your present employer?  YES  NO We reserve the right to contact other previous employers.

## REFERENCES

List those that can provide information on your work habits and/or abilities

	Name	Relationship or Title	Phone #
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

(Please See Back Of This Sheet ➡)

By signing this JOB APPLICATION I certify that the information provided by me on this application, is to the best of my knowledge correct and without error, omission, and without exaggeration. I also understand that falsification of any information on this form is grounds for immediate termination of employment from the Governor's Restaurant(s) and its divisions. Signing this will authorize the Governor's Restaurant, its agent(s) and other designated person to contact the references and places of previous employment listed above. I authorize these references and supervisors of previous employment to release any and all pertinent information they may have, personal or otherwise. Signing this form will release the Governor's Restaurant, its divisions and designated agents from any damages that may result from furnishing and/or using this information. If offered a position with the Governor's Restaurant or division or subsidiary thereof, will be "at-will" and may be terminated by either party without previous notice by either party. Termination may be for any reason at anytime. I also understand that there is no policy or intention by the company to offer continued employment. And there is no effort or intention on the Governor's Restaurant to offer an express or implied contract. All wages, benefits and terms of employment may be changed by the Governor's restaurant to offer an express or implied contract. All wages, benefits and terms of employment may be changed by the Governor's Restaurant at anytime without notice. I also understand that, except for this application for employment, there are not now and will I not be in the future any express or implied contractual terms of continued employment between the Governor's Restaurant(s) and any and all of its' subsidiaries and divisions unless such terms are set forth in writing and signed by me and the president or chief operating officer of Governor's Management Company or President and or Chief Executive officer of a franchised division of Governor's Restaurants.

Governor's Restaurants and any and all of its divisions, franchisees and subsidiaries provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, marital status, or disability.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_