

NOTICE TO ALL APPLICANTS

• I hereby authorize H.B. Restaurants, Inc. (further known as the "Company") to contact all employers and to make such investigation of my employment, personal, military, criminal and/or educational background in the manner and to the extent the Company deems necessary or appropriate. I authorize release of such information to the Company. I further authorize the Company to respond to any reference checks and to supply any information concerning my employment or termination of employment with the Company as requested by any potential employer(s). I agree to indemnify and hold harmless the Company, its directors, officers, agents, and employees, from and against any and all claims, demands or causes of action, and the reasonable and necessary costs, including attorney's fees, which I have or may have resulting from such pre-employment investigation(s) or post-employment references by the Company.

• I understand that if I am extended an offer of employment, I will have to pass a drug screening test, if required, as a condition of such employment. I understand that certain city, state and federal agencies may require certain tests and inoculations.

• I understand that the material facts set forth in this application or any supplement thereto are true and complete. I understand that if employed, false or misleading statements or omissions on this application or in interviews may be considered sufficient cause for dismissal. I further understand that both the Company and I retain the right to terminate the employment relationship at any time with or without cause and without incurring liability to the other party. I understand that representatives of the Company have no authority to make any agreements restricting any termination in matters involving just cause or providing that the term of employment is for a specific period of time.

I agree to submit to binding arbitration any controversies concerning the application, terms, conditions, or scope of my employment with the Company. Such controversies include but are not limited to other benefit programs; claims regarding compensation or breach of contract tort claims; wrongful termination; sexual harassment or discrimination based on race, sex, age, religion, national origin, medical condition or disability; or claims for violating any other federal, state, or local governmental law, statute or regulation.

MY SIGNATURE ACKNOWLEDGES THAT I UNDERSTAND AND AGREE TO THE ABOVE PROVISIONS

_____ Print Name
 _____ Signature
 _____ Date

H.B. Restaurants, Inc.



H.B. RESTAURANTS, INC. PROVIDES EQUAL EMPLOYMENT OPPORTUNITY TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, RELIGION, COLOR, AGE, SEX, NATIONAL ORIGIN OR DISABILITY.

PLEASE REQUEST ANY NEEDED ACCOMMODATION(S) IN THE APPLICATION PROCESS.

*PLEASE PRINT PLAINLY AND ANSWER EVERY QUESTION.
 THIS APPLICATION IS VALID AND CURRENT FOR A PERIOD OF NOT MORE THAN 30 DAYS.*

NAME _____ **DATE** _____

HOME TELEPHONE () _____ **OTHER NO.** () _____

E-MAIL ADDRESS: _____

PRESENT ADDRESS: _____ **SOCIAL SECURITY NO.** _____

Street Number and Name, City, State, and Zip

PREVIOUS ADDRESS: _____ **DATE OF BIRTH** _____

Street Number and Name, City, State, and Zip

HOW LONG? _____

HOW LONG? _____

In case of emergency notify _____ Phone _____

Relationship _____

What position are you seeking? _____

What skills do you have to perform this position? _____

Why are you interested in working for Hoffbrau? _____

Hourly rate expected: _____

Date available: _____

Are you available to work: Full time _____ **Part time** _____

MO	TU	WE	TH	FR	SA	SU
HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
____AM	____AM	____AM	____AM	____AM	____AM	____AM
____PM	____PM	____PM	____PM	____PM	____PM	____PM

I have read and reviewed the job description of the job for which I am applying. I understand that I must be capable of performing the essential functions of the job effectively and safely, with or without reasonable accommodations. Yes _____ No _____

GENERAL INFORMATION

1. Do you have any relative(s) or personal acquaintance(s) in our employ? Yes _____ No _____

If YES, list name(s) and relationship: _____

2. Have you ever applied for work with this company before? Yes _____ No _____

Have you been employed by this company before: Yes _____ No _____

If YES, when and where were you employed?

When: _____

Where: _____

3. Have you been convicted of a felony crime or any crime involving dishonesty, theft, or breach of trust within the past 7 years? Yes _____ No _____

A conviction does not necessarily prevent an applicant from obtaining employment and will only be considered in relation to specific job requirements

If YES, explain: _____

4. If hired can you provide proof of your eligibility to work in the United States? Yes _____ No _____

5. How were you referred to this Company? Yes _____ No _____

- Walk-in _____
- Referred by Employee _____ Name _____
- Newspaper Ad _____ Name _____
- Agency _____ Name _____
- Internet _____ Name _____
- Other _____ Name _____

EDUCATION

SCHOOL	NAME AND LOCATION	DIPLOMA/ GED	DEGREE TYPE OR HOURS COMPLETED	COURSE/ MAJOR
HIGH SCHOOL				
COLLEGE, GRADUATE, BUSINESS, VOCATIONAL, OR OTHER TRAINING				

EMPLOYMENT HISTORY

EMPLOYMENT RECORD: Please indicate previous employment. Start with present or most recent position, including military service, and please explain any gaps in employment. Use additional sheets if necessary.

Employer: _____				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: _____				Business Phone No. _____		PartTime <input type="checkbox"/>	
City, State, Zip: _____						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate Supervisor's Name: _____				Briefly describe duties / responsibilities: _____			
Explain reason for leaving: _____							
Employer: _____				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: _____				Business Phone No. _____		PartTime <input type="checkbox"/>	
City, State, Zip: _____						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate Supervisor's Name: _____				Briefly describe duties / responsibilities: _____			
Explain reason for leaving: _____							
Employer: _____				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: _____				Business Phone No. _____		PartTime <input type="checkbox"/>	
City, State, Zip: _____						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate Supervisor's Name: _____				Briefly describe duties / responsibilities: _____			
Explain reason for leaving: _____							
Employer: _____				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: _____				Business Phone No. _____		PartTime <input type="checkbox"/>	
City, State, Zip: _____						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate Supervisor's Name: _____				Briefly describe duties / responsibilities: _____			
Explain reason for leaving: _____							