

CONSOLIDATED RESTAURANTS, INC.

Date _____

PRESCREENING APPLICATION FOR HOURLY CREWMEMBERS

Consolidated Restaurants, Inc. provides equal employment opportunities to all qualified persons without regard to race, creed, religion, sex, age, national origin, physical or mental disabilities, marital status, veteran status or any other status or characteristic protected under federal, state or local law. If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify a CRI Manager who will make appropriate arrangements. We are an equal opportunity employer.

We do not maintain a pool of applicants for future use, but accept applications for a particular position only. Therefore, if you were not selected for the position for which you have applied, you will need to monitor job openings and submit an additional application once another position becomes available.

We are a drug-free workplace. We are committed to providing our crew with a working environment that is free from the effects of drug and alcohol abuse.



NAME _____ SOC SEC # _____
LAST FIRST MIDDLE

ADDRESS _____ PHONE _____
STREET CITY STATE ZIP

POSITION DESIRED: _____ Date you can start: _____

Are you 18 years of age or older? YES or NO Birthdate (optional) _____

Are you legally eligible for employment in the USA? YES or NO
 (Note: If hired you will be required to provide acceptable documentation of work eligibility within your first 3 days of employment.)

EDUCATION: (Optional) Highest Grade Completed: _____ Date Graduated: _____
(1-12)

Years of College Completed: 1 2 3 4 5 6 Date Graduated: _____



WORK HISTORY: List below your last four employers starting with the most recent
 EMPLOYER TELEPHONE NUMBER: FROM: _____
(month/year)

ADDRESS: CITY STATE TO: _____
(month/year)

BRIEF JOB DESCRIPTION SUPERVISOR'S NAME: _____



EMPLOYER TELEPHONE NUMBER: FROM: _____
(month/year)

ADDRESS: CITY STATE TO: _____
(month/year)

BRIEF JOB DESCRIPTION SUPERVISOR'S NAME: _____



EMPLOYER TELEPHONE NUMBER: FROM: _____
(month/year)

ADDRESS: CITY STATE TO: _____
(month/year)

BRIEF JOB DESCRIPTION SUPERVISOR'S NAME: _____



EMPLOYER TELEPHONE NUMBER: FROM: _____
(month/year)

ADDRESS: CITY STATE TO: _____
(month/year)

BRIEF JOB DESCRIPTION SUPERVISOR'S NAME: _____

1. Have you ever worked for this company? YES or NO If yes, which location?
 Month and year: _____
2. Were you referred to our company? YES or NO If yes, by whom?

3. Do you have any relatives who currently work for this company YES or NO
 If yes, which location? _____
 (Note: This will not automatically preclude you from employment, however, it may be important for us to consider in job placement.)
4. Do you expect to be engaged in any other employment or course of study while being employed by this company?
 YES or NO If yes, where? _____
5. Have you been convicted of a crime within the last ten years, or have you been released from prison after conviction
 for a crime within the last ten years? YES or NO
 Do you have any arrests for which you are awaiting trial? YES or NO
 If yes, please identify the convictions or arrests, the state in which they took place and any other facts you would like
 us to consider.

 (Note: Convictions or arrests will not automatically bar employment.)

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize the investigation of all statements contained herein, including a background check that may include a criminal conviction check, a driver history check, former employment history, education records and similar background information and I release CONSOLIDATED RESTAURANTS, INC. and its officers, directors, employees, agents and affiliates from any and all liability, claims or damages that may result from conducting such an investigation. I authorize all former employers and the references listed above to give the Company any and all information concerning my previous employment and release from liability any persons providing such information.

Consolidated Restaurants may, as a condition of initial or continued employment, require drug and alcohol testing. By my signature I consent to such testing.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any other documents) will result in termination of consideration of this application for employment or immediate termination of employment, regardless of when or how discovered.

I understand that this application is not an offer of employment. I further understand that if I am employed by the Company, I or the Company may terminate the employment relationship with or without cause or advance notice at any time. I understand that no representatives of the Company, other than its Chief Operating Officer, have the authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing. I understand that the Company reserves the right to change compensation benefits, hours, working conditions, rules and regulations with or without notice, consistent with any applicable law or regulation.

I HAVE READ AND REVIEWED AND AGREE TO THE INFORMATION PROVIDED IN THIS APPLICATION AND THE ABOVE STATEMENTS.

 Signature of Applicant

 Date