



APPLICATION FOR EMPLOYMENT

Which location are you interested in?

☐ Byron Center

☐ Coopersville

Full Name:		Date:
Street Address:		Apartment/Unit #
City:	State:	Zip Code:
Phone #:	Email Address:	

Are you 18 years or older? Yes ☐ No ☐

Are you eligible to work in the U.S? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please explain:

INTERESTED POSITION:

Position:	Date Available:	Desired Rate:
Have you applied previously? If so, when?	Referred By?	

DAYS AND HOURS AVAILABLE:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
First Shift							
Second Shift							
Third Shift							

EDUCATION:

Education	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade School or Military Service				
Certifications				

EMPLOYMENT HISTORY: Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

Date, Month, and Year	Name and Address of Employer	Position	Reason for Leaving	Can we Contact
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give the names of three persons not related to you whom you have known for at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that completion of this 'Application for Employment' does not guarantee that I will be employed by 76 Diners.

I certify that the facts contained in this application are true and complete to the best of my knowledge. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

If I am hired, I understand that either 76 Diners or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of 76 Diners has the authority to make any assurance to the contrary.

I understand that if I have a disability that affects my ability to do the job I seek, I may ask the company to attempt to make a reasonable accommodation. I will make my request in writing to the Human Resources Department within 182 days after the need for accommodation is known. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.

76 Diners is an Equal Opportunity Employer

Signature_____ Date_____