

Note to Applicants: Smoking is prohibited in all indoor areas of Texas de Brazil unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.



APPLICATION FOR EMPLOYMENT

Fill out the application form completely. If questions are not applicable, enter "N/A". Do not leave any question blank. Resumes will be accepted as additional information but not in place of a completed application. Be sure to sign and date the application. NOTE TO RHODE ISLAND APPLICANTS: Texas de Brazil is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

TEXAS DE BRAZIL DOES NOT DISCRIMINATE BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, MARITAL STATUS OR ANY OTHER BASIS AS PROTECTED BY FEDERAL, STATE OR LOCAL LAW. TEXAS DE BRAZIL IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS ALSO THE COMPANY'S POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS RESPECTING CONSIDERATION OF UNEMPLOYMENT STATUS IN MAKING HIRING DECISIONS.

Date of application ____/____/____
MONTH DATE YEAR

Name _____
LAST FIRST MIDDLE

Address (CURRENT) _____
STREET CITY STATE ZIP CODE

Phone _____
HOME WORK

Type of position desired _____ Can you work Lunch Dinner Both?

Salary/Wage expected \$ _____ Full Time Part Time Date available for work _____

Is there any day(s) or time(s) you cannot work? _____

Overall Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest I can work							
Latest I can stay							

Were you previously employed by this organization? Yes No If yes, list date(s) and location(s) _____

Is there any reason you cannot perform, with or without reasonable accommodation, the essential functions of the position/positions for which you are applying?

Yes No If yes, explain _____

Are you legally authorized to work in the United States? Yes No (If hired, verification will be required consistent with federal law.)

BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended or asked to resign from any position? Yes No

If yes, please explain _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations

you have listed? Yes No If yes, specify name _____

Have you ever been a defendant in a civil action alleging discrimination, harassment, fraud, defamation, assault and battery, invasion of privacy or false

imprisonment? Yes No If yes, include the nature of the incident, your involvement, and the disposition of the case.

EDUCATION

(Note: transcripts may be required for verification of education)

Type of School	Name & Location of School	Number of Semester Hours Completed	Graduated	Type of Diploma or Degree	Major Field of Study
High School or G.E.D.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College, University, Technical or Vocational			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have a Food Handler Card? Yes No From what city/county? _____

Do you have an Alcoholic Beverage Card? Yes No If yes, when does it expire? _____

Are you of legal age to serve alcohol (18 years or older, Utah state law minimum age is 21). Yes No

Do you have reliable transportation? Yes No If no, please explain _____

Driver License number _____ State _____

Are you currently enrolled in school? Yes No If yes, where and when _____

OTHER LANGUAGES (Include Sign Language)

Language: _____ SPEAK: Fair Good Excellent READ: Fair Good Excellent WRITE: Fair Good Excellent SIGN: Fair Good Excellent

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Do you have any friends/relatives working with our company? Yes No

If yes, list name, relationships and locations: _____

Who were you referred by? _____

Additional Comments: _____

EMPLOYMENT RECORD

Please indicate previous employment. Start with present or most recent position, including military service – applicant can include verified volunteer work experience (required in Massachusetts). (Use additional sheet if necessary)

Employer Name _____ Type of Business _____				Full Time <input type="checkbox"/>
Address _____				Part Time <input type="checkbox"/>
CITY _____	STATE _____	ZIP _____	Business Phone _____	Seasonal <input type="checkbox"/>
Starting Date MONTH _____ YEAR _____	Leaving Date MONTH _____ YEAR _____	Starting Base Hourly/Salary _____	Starting Position/Title _____	Present or Last Position/Title _____
Ending Base Hourly/Salary _____				
Briefly describe your duties and responsibilities _____				
Immediate Supervisors Name _____				
Please explain reason for leaving _____				

Employer Name _____ Type of Business _____				Full Time <input type="checkbox"/>
Address _____				Part Time <input type="checkbox"/>
CITY _____	STATE _____	ZIP _____	Business Phone _____	Seasonal <input type="checkbox"/>
Starting Date MONTH _____ YEAR _____	Leaving Date MONTH _____ YEAR _____	Starting Base Hourly/Salary _____	Starting Position/Title _____	Present or Last Position/Title _____
Ending Base Hourly/Salary _____				
Briefly describe your duties and responsibilities _____				
Immediate Supervisors Name _____				
Please explain reason for leaving _____				

Employer Name _____ Type of Business _____				Full Time <input type="checkbox"/>
Address _____				Part Time <input type="checkbox"/>
CITY _____	STATE _____	ZIP _____	Business Phone _____	Seasonal <input type="checkbox"/>
Starting Date MONTH _____ YEAR _____	Leaving Date MONTH _____ YEAR _____	Starting Base Hourly/Salary _____	Starting Position/Title _____	Present or Last Position/Title _____
Ending Base Hourly/Salary _____				
Briefly describe your duties and responsibilities _____				
Immediate Supervisors Name _____				
Please explain reason for leaving _____				

PLEASE READ CAREFULLY BEFORE INITIAL/SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

INITIALS

- _____ I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.
- _____ I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the company. I also may be subject to post-employment drug tests: (1) post-accident; (2) random; or (3) upon reasonable suspicion in accordance with applicable federal, state and local law.
- _____ I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the company.
- _____ I certify that the information given by me on this application is true and complete, without any omissions of any kind. I authorize the company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.
- _____ I understand employment with the company is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- _____ I understand that under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that any individual submit to or take a polygraph or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.
- _____ I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.
- _____ I understand that no representation, whether oral or written, by any representative or agent of the company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources and by me and my authorized representative.
- _____ I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.
- _____ MASSACHUSETTS APPLICANTS: I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Name _____ Applicant's Signature _____ Date _____

*Application is valid for 30 days only, once expired, a new application must be submitted.

I understand that Texas de Brazil, has an arbitration procedure governed by the Federal Arbitration Act, 9 U.S.C. sections 1 et seq. The arbitration procedure applies to claims brought by me against Texas de Brazil or by Texas de Brazil against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in accordance with procedures adopted by Texas de Brazil. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission, U.S. Department of Labor or National Labor Relations Board. Nor do these procedures prevent me from making a claim for workers compensation or state disability benefits or unemployment insurance. I understand and agree that I may review Texas de Brazil's arbitration procedures before submitting this application for employment by making a written request for a copy of those procedures from Texas de Brazil.

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE CLAIM OR DISPUTE.

Applicant's Name _____ Applicant's Signature _____ Date _____