

# Hardee's Crew Member Application for Employment

## PERSONAL INFORMATION

(Print) Full Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt # City State Zip

Telephone # ( ) \_\_\_\_\_ Other # ( ) \_\_\_\_\_

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral source (What prompted you to apply for this position?) \_\_\_\_\_

Have you ever worked for the company before?  Yes  No If yes, dates and location \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_  
Location

Are you 18 years of age or older?  Yes  No If not, are you  16  17

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please provide date(s) and details.

Are you able to perform the essential functions of the job with or without reasonable accommodations?  Yes  No

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

## AVAILABILITY

Total hours available per week \_\_\_\_\_ Shift applied for \_\_\_\_\_. Please indicate the times you are available for work each day.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

Are there any times you are not available to work? \_\_\_\_\_

Work schedules may vary from week to week and occasionally you may be asked to stay late, leave early, or come in on your day off. By accepting a position with the Company, you are acknowledging that you understand that schedules may change at anytime due to business needs.

Do you have a dependable way to get to work?  Yes  No

## EDUCATION BACKGROUND

Starting with your most recent school attended, provide the following information. Are you currently attending school?  Yes  No

Name of School (including city & state)	Number of Years Attended	Completed
		<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
		<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

# EMPLOYMENT HISTORY *for the past 10 years*

Starting with your most recent employer, please provide the following information. Use additional sheet if needed.

Employer \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Start Date \_\_\_\_\_ Last Day Worked \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Starting job title/final job title \_\_\_\_\_ / \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_ May we contact? \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Summary of type of work performed / responsibilities \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Starting job title/final job title \_\_\_\_\_ / \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_ May we contact? \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Summary of type of work performed / responsibilities. \_\_\_\_\_

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PLEASE EXPLAIN ANY GAPS OF UNEMPLOYMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fair Credit Reporting Act** and Employment At Will Disclosure.

I understand I am applying for employment which can be terminated at will by either myself or The Company at any time and that nothing contained in any manual, brochure, or other Company materials shall constitute an implied contract for employment or continued employment. I authorize the Employers and it's Agents, listed above to provide The Company with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to The Company as well as from the use or disclosure of such information by The Company or any of its' Agents, Employees or Representatives. I understand that false or incomplete information in this application for employment is grounds for dismissal and forfeiture of all related benefits.

I certify that the information on this application is accurate and complete.

Signature \_\_\_\_\_

I understand that my employment with The Company is at will and cannot/will not be changed. The Company has the sole and absolute discretion to reduce the hours, change my shift, rate of pay, amend, supplement or rescind any policy, practice or benefit provided or end my employment at anytime.

Signature \_\_\_\_\_