

# The Republic of Texas Restaurant, Inc

## EMPLOYMENT APPLICATION

(This Company does not discriminate because of Race, Ethnicity, Age, Gender, Disability, Veteran Status, Receipt of Funds under Governmental Programs, or National Origin)

This Company is a Subscriber to the Texas Workers' Compensation Act

### PERSONAL DATA

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Present Address: \_\_\_\_\_  
Street City State ZIP

Telephone Number: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ What State: \_\_\_\_\_

1) Are you 18 years or older? Yes \_\_\_ No \_\_\_ 2) Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes \_\_\_ No \_\_\_ 3) Do you consent to pre-employment drug testing if you receive a job offer? Yes \_\_\_ No \_\_\_ 4) Have you ever been convicted of a crime classified as a felony or involving theft? Yes \_\_\_ No \_\_\_ (A conviction does not necessarily mean that you will not be considered for employment) 5) If you answered yes to the previous question, have you ever received deferred adjudication in connection with the conviction? Yes \_\_\_ No \_\_\_

### WORK PREFERENCE

Position Desired: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Have you ever applied with this Company before? Yes \_\_\_ No \_\_\_ Are you currently employed? Yes \_\_\_ No \_\_\_ If so, Where: \_\_\_\_\_

### EMPLOYMENT HISTORY

Date Month/Year	Name & Address of Employer	Wage	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				

### EDUCATION

Highest grade completed in school (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5  
Subjects Studied: \_\_\_\_\_

### GENERAL

List your hobbies or interests: \_\_\_\_\_

ADDITIONAL INFORMATION:

List any other information you feel pertinent to the position for which you are applying:

Employee Print Name:

\_\_\_\_\_, I, hereby authorize the release to The Republic of Texas Restaurant, Inc. any information regarding the details of any examination, treatment or medical opinion concerning the physical condition of the undersigned as well as any information concerning the charges for our services in the event of a job-related injury. Upon request of The Republic of Texas Restaurant, Inc., you are authorized to prepare a written report regarding such information and to provide photocopies of all documents in your possession related to the undersigned. A photocopy of this authorization is as valid as an original.

I hereby authorize The Republic of Texas Restaurant, Inc. to obtain my injury and claim data to the extent permitted by the Texas Workers' Compensation Act and the Americans with Disabilities Act, if I am hired.

I understand and agree that, if I am hired, my employment has no fixed term and may therefore be terminated at any time for any reason and that this policy cannot be changed unless in writing.

I understand and hereby consent to the Employer's Policy requiring drug tests in the event I receive a job-related injury and hereby waive any legal claims against The Republic of Texas Restaurant, Inc. arising out of the test(s) and the dissemination of the test results. I understand that if I receive a job-related injury, I will instruct my chosen medical provider at the time I receive medical treatment to obtain a specimen for urinalysis. I understand that if I do not successfully complete the DRUG TEST that I will not be allowed to work at The Republic of Texas Restaurant, Inc.

I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at any employment decision.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_