



Application For Employment
Julien's Famous Cajun Style Po-Boys, Inc.
 Lafayette
 1900 West University Avenue
 Broussard
 1008-A Smede Highway

Please Answer All Questions. If One Does Not Apply, Insert Or Check "N A" (Not Applicable). If Additional Space Is Required To Adequately Answer Any Question, Please Indicate By An Asterisk (*) And Identify The Supplemental Information On A Separate Sheet.

In Reading And Answering These Questions, Please Keep In Mind That None Of The Questions Are Intended To Imply Limitations, Preferences Of Discrimination Based On Age, Sex Martial Status, Race Creed, Color National Origin Citizenship Status Or Existence Of Any Sensory, Mental Or Physical Handicap That Does Not Interfere With The Performance Of The Position For Which You Are Applying.

Personal Information:

Name (last, first, middle) Date:

Social Security number:

Home address:

City State: Zip:

Home phone: Cell phone:

Position you are applying for:

Position: 1.) 2:) Salary requirement:

Referred by: Date you can start:

Are you a U.S. citizen? Yes No

Do you have the right to work in the U.S.A.? Yes No

Do you have a bar card: Yes No

Do You Desire: Part Time Full Time

How do you feel about working evenings, weekends, shift work and holidays that is required by the nature of the Work? How do you feel about workin at another store? Explain

Have you ever been convicted of a felony involving theft or dishonesty? Yes No

If yes please explain. A conviction will not necessarily bar an applicant form employment

In the event of an emergency, Notify:

Name Address

City, State, Zip Phone #

Family Physician Address

City, State, Zip Phone #

Personal References (Do Not Include Relatives):

Name Address

City, State, Zip Phone #

Name Address

City, State, Zip Phone #

Name Address

City, State, Zip Phone #

Work history (give information about your last 3 jobs, starting with the most recent):

| | | |
|---------------------------------------|------------------------|-------------|
| Employer: | Dates employed: | |
| Address: | | |
| City: | State: | Zip: |
| Telephone: | Ending salary: | |
| Last manager's name and title: | | |
| Reason for leaving: | | |

| | | |
|---------------------------------------|------------------------|-------------|
| Employer: | Dates employed: | |
| Address: | | |
| City: | State: | Zip: |
| Telephone: | Ending salary: | |
| Last manager's name and title: | | |
| Reason for leaving: | | |

| | | |
|---------------------------------------|------------------------|-------------|
| Employer: | Dates employed: | |
| Address: | | |
| City: | State: | Zip: |
| Telephone: | Ending salary: | |
| Last manager's name and title: | | |
| Reason for leaving: | | |

Please read and sign

This Company is an Equal Opportunity Employer. Decisions concerning employment opportunity are not made on the basis of race, color, sex, religion, national origin, citizen status, disability, age or any other disability, or any other basis not permitted by Law.

- 1• I certify that the information provided in this application is accurate and complete. I Realize that providing false information may disqualify me from employment. I also realize that this application will be investigated. I recognize that discovery of incomplete or false information is a serious matter and even if I am hired, such discovery may lead to my discharge.
- 2• I agree to allow my previous employers to discuss with representatives of the company the circumstances of my employment as well as the circumstances of my termination from employment with those previous employers.
- 3• I realize that this application will remain active for thirty days from the date of application and that at the end of that period I must reapply, to express a continuing interest in employment.
- 4• I understand that if I am hired, my employment with the company is at will and may be terminated by the company or by me, at any time for any reason, with or without notice.

I HAVE READ AND UNDERSTOOD THE IMPORTANCE OF THESE FOUR PROVISIONS AND WILLING AGREE TO THEM.

| | |
|-----------------------------|--------------|
| Applicant Signature | Date: |
| Management Signature | Date: |