
Name of immediate supervisor _____ contact phone/email _____

Reason for leaving _____

3. _____
Business name _____ city and state _____ start/finish dates & pay rate _____

Brief description of position held and your responsibilities _____

Name of immediate supervisor _____ contact phone/email _____

Reason for leaving _____

Working days and hours you are available (circle days & write in hours)

Sun	Mon	Tues	Weds	Thurs	Fri	Sat

Special talents, skills, or hobbies you possess that might help Annie's be a better place?
Please rate your abilities on a scale of 1-10:

Please tell us why you would like to join us at Annie's? _____

Certification

I verify that all statements on this application and attached resume (if any) are true and complete. I agree that any misrepresentation, misstatement, or omission in this application and attached resume, whenever discovered, may result in refusal to employ or termination from employment. I authorize the release of information regarding my employment record to Annie's for employment purposes. I also authorize Annie's to supply my employment record, in whole or part and in confidence, to any prospective employer, government agency, or other party, with a legal or proper interest. If employed, I agree to conform to the rules and regulations of Annie's Island Fresh Burgers and I understand that my employment has no definite period and I can be terminated by Annie's or I can terminate my employment at any time with or without cause. I understand that if I have requested that my current employer not be contacted prior to accepting an offer of employment, that if I accept an offer, Annie's may contact my former employer. I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and eligibility to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Authorized/Signature _____ **Date** _____