

APPLICATION FOR EMPLOYMENT

Braum's is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

					•	(PLEASE PRI	NT & USE BLUE	OR BLACK INK)	
IF UNDER 18, PLEA (mm/dd/yy)	ASE INDICATE BIRTHDAT	CAN YOU L	JPON EMPLOYMEN	NT, PROVIDE VERIF	ICATION OF	YOUR LEGAL RIC	GHT TO WORK IN T	HE U.S.? YES	
NAME FIRST MIDDLE LAST									
PRESENT ADDRESS	СІТУ				STATE ZIP CODE				
HOW LONG HAVE YOU LIV	CELL NUMBER			E MAI	E MAIL ADDRESS				
WHO OR WHAT REFERRED	HAVE YOU APPLIED WITH BRAUM'S BEFORE?								
LIST ANY FRIENDS OR REL	HAVE YOU WORKED FOR BRAUM'S BEFORE?								
	☐ YES ☐ NO If YES, where? when?								
PART-TIME 🔲	FULL-TIME 🔲 N	/HAT POSITION ARE YOU API	PLYING FOR?		7				
AVAILABILITY: ANY HOURS, ANY DAY	ANY HOURS, ANY DAY MONDAY TUESDAY		WEDNESDAY	THURSDAY	FI	FRIDAY	SATURDAY	SUNDAY	
OR WRITE THE HOURS YOU A AVAILABLE TO WORK EAC IN THE SPACES TO THE RI	H DAY								
7 (88)		WITH OR WITHOUT AN ACCO	OMMODATION?		-				
WOULD YOU BE ABLE TO PERFORM THE FOLLOWING WITH OR WITHOUT AN ACCOMMODATION? STANDING FOR LONG HOURS YES NO LIFTING OVER 50 POUNDS FREQUENTLY YES NO BENDING FREQUENTLY YES NO WORKING IN COLD ROOMS YES NO									
DO YOU HAVE ANY TATTOOS THAT ARE VISIBLE WHEN WEARING A SHORT SLEEVED SHIRT?									
DO YOU HAVE A VALID DRIVER'S LICENSE? U YES DO NO If YES, which state: LICENSE NUMBER:									
IF HIRED, WHEN COULD YOU START WORK?									
	AND AND ASSESSMENT OF THE PARTY	D SENTENCE OR BEEN O	CONVICTED OF	DE	A SI S'MILA C	DDUG EDEE W	ODKDI ACE ACA	CONDITION OF	
	RIME OF IMMORAL CON NO If YES, please expla			BRAUM'S IS A DRUG FREE WORKPLACE. AS A CONDITION OF EMPLOYMENT YOU MAY BE REQUIRED TO SUBMIT TO A SUBSTANCE ABUSE TEST AND A PHYSICAL EXAMINATION. DO YOU AGREE TO					
			SUBMIT TO THESE TESTS?				LEXAMINATION. DO TOU AGREE TO		
(Indicating yes does not necessarily bar employment.)									
TYPE OF SCHOOL NAME AND LOCATION			GRAD	GRADUATE		TYPE O	TYPE OF DEGREE		
				YES	NO	AVERAGE			
HIGH SCHOOL									
2-YEAR COLLEGE OR TECH									
4-YEAR COLLEGE OR UNIVERSITY									
OTHER EDUCATION									

WORK HISTORY

EVEN IF YOU PROVIDE A RESUME, PLEASE INDICATE YOUR WORK HISTORY. START WITH YOUR CURRENT OR MOST RECENT EMPLOYER.

>	PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT								
DATES		EMPLOYER INFORMATION				POSITION HELD & MAJOR RESPONSIBILITES	SALARY OR WAGES	REASON FOR LEAVING	
FROM		NAME					START		
mo	yr	ADDRESS	CITY	S	TATE		s		
то		PHONE				**	FINAL		
mo / _	yr	SUPERVISOR'S NAME					\$		
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mo	yr	ADDRESS	CITY	SI	TATE		\$		
ТО		PHONE					- I		
/	yr	SUPERVISOR'S NAME					FINAL \$		
>	MAY WE EMPLOYE	CONTACT THE YEERS LISTED ABOVE?	S NO	IF NOT, WHICH ONE(S	S) DO YOU NTACT?				
				PERSON	AL REFERE	ENCES			
			DIVIDUALS WHO	O ARE NOT RELATIVES A	AND OVER THE AGE	OF 21 WHOM HAVE KNOWN YOU FOR 5 Y	YEARS OR MORE.		
NAME		OCCUPATION			ADDRESS OR E MAIL ADDRESS	TELEPI	TELEPHONE NUMBER		
				DEAD CARE	EIII I V DEEOD	E CICNING			
READ CAREFULLY BEFORE SIGNING I certify, on penalty of dismissal, that all answers and statements made by me herein and other information given by me pursuant to becoming employed by this company are true, correct, and are made in good faith. Falsification of any information will result in immediate discharge. I further certify that I understand that as part of the procedure									

are true, correct, and are made in good faith. Falsification of any information will result in immediate discharge. I further certify that I understand that as part of the procedure in processing this application there may include an investigative report whereby information may be obtained through a criminal history and credit check, as well as a personal interview with me and or third parties, such as family member, business associates, former employers, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation and personal characteristics, whichever may be applicable.

I understand and agree that if hired, I will be an "at will" employee. That is, either I or Braum's may end my employment at anytime, with or without reason. I understand that completing this document or any other document does not imply an employment contract with Braum's.

I understand that the employee Polygraph Protection Act of 1988 permits polygraph testing of employees who are reasonably suspected of involvement in a workplace incident, such as theft or embezzlement, that resulted in economic loss to the employer.

SIGNATURE	DATE	02/13	32055