

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer



Independent Franchise Operator

Position Applied For:	Referred by:	Date:
Name:	Telephone (home): ()	
Address:	City:	State: Zip:
Social Security #:		
Are you a U.S. Citizen or otherwise authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If under 18, date of birth:	If yes, explain:	
Have you ever been employed in a Golden Corral® restaurant before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates, position and location:		
EMPLOYMENT RECORD (list most recent job first)		
If currently employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Name of Company _____	Dates of Employment: From _____ To _____	
Address _____	Position _____	
Telephone _____	Reason for Leaving _____	
Supervisor _____	Starting Salary _____ Ending Salary _____	
2. Name of Company _____	Dates of Employment: From _____ To _____	
Address _____	Position _____	
Telephone _____	Reason for Leaving _____	
Supervisor _____	Starting Salary _____ Ending Salary _____	
3. Name of Company _____	Dates of Employment: From _____ To _____	
Address _____	Position _____	
Telephone _____	Reason for Leaving _____	
Supervisor _____	Starting Salary _____ Ending Salary _____	
Is there anything else you would like to include as additional information? _____		

Are there any times of day or days of the week you would be unavailable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____		

I certify that the answers above are true and correct to the best of my knowledge. I give this Golden Corral® franchise permission to verify this information, and release all persons, including this Golden Corral® franchise and its affiliates with respect to any information provided by prior employers or personal references. I acknowledge that if any information in this application is untrue, I may be terminated. I understand that if I am employed, my continued employment is at all times subject to the policies and procedures established by this Golden Corral® franchise with or without cause. I understand that any offer of employment to me is conditioned upon my furnishing all documents required by law to be furnished to an employer, and my ability to perform all of the essential elements of my job with reasonable accommodation. I understand that I will be an employee of this Franchisee only.

Applicant Signature _____ Date _____

THIS RESTAURANT IS OWNED AND OPERATED BY AN INDEPENDENT GOLDEN CORRAL® FRANCHISEE.