



Application For Employment

3091 Heights Ravenna Road
 5501 East Apple Avenue
 4190 Grand Haven Road
 650 Whitehall Road
 915 East Laketon Avenue

Equal Opportunity Employer

(Please Print-All Questions Must Be Answered Completely In Order To Conduct An Interview.)

1. Date _____ Social Security Number _____

Name(last, first, middle) _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

2. Name of School Most Recently Attended _____

City _____ State _____ Telephone _____

Presently Enrolled yes no Did You Graduate yes no Last Grade Completed _____

3. Extra-Curricular Activities(exclude racial, religious and nationality groups) _____

4. Employment Record: List present and all previous employment. Start with most present.

company name	address	position/pay	dates worked	supervisor	reason for leaving

5. Special Training Skills(languages, computers, etc..) _____

6. U.S. Citizen? yes no If no, are you legally eligible for employment in the U.S. yes no

7. Have you ever work or applied for work here? No Worked Applied
 Date _____ Location _____

8. Minimum age for most job opportunities is 16.
 Are you at least 16 years of age? _____ If you are 15 years of age, check here

9. Referred by: newspaper sign self Mr. Quick employee (name) _____

10. Are You Applying For: Full Time Part Time Summer

11. Due to the nature of our business, I understand that if I am hired I may be required to work nights, holidays and weekends. initials _____

12. Please indicate days and hours available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Number of hours able to work per week _____ What rate of pay do you expect? _____

What position are you seeking? _____ When can you start work? _____

13. Have you ever been discharged from another job? yes no

If yes, please explain: _____

Have you ever been convicted of a crime? yes no

If yes, describe in full: _____

14. Why are you applying at Mr. Quick Restaurants? _____

15. Are you related to any of our employees? yes no

Name _____ Relationship _____

16. References (other than relatives)

Name	Telephone	Occupation	Years Known

It is agreed and understood that:

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me; all entries and information is true and complete to the best of my knowledge and any misrepresentations of information given shall be considered an act of dishonesty and if employed, any falsified statements on this application shall be grounds for termination.
3. "I hereby authorize Mr. Quick Restaurants or its agents to investigate my previous record of employment and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Mr. Quick Restaurants and my former employers from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Mr. Quick Restaurants has any authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Mr. Quick representative."
4. In the event of leaving Mr. Quick Restaurants for any cause, I authorize Mr. Quick to answer any and all inquiries as to my conduct and qualifications while working for the company, and cause of my leaving.
5. I agree that whenever I leave Mr. Quick, either voluntarily or involuntarily, I will return all company property that has been assigned to me. Otherwise, I understand that the cost of such articles are to be paid by me.

Date _____ Applicant's Signature _____

Interviewer's Comments
Hire _____ Hold _____ No Interest _____ Start Date _____ Time _____ Position _____ Wage _____ Mgr _____

2005 Mr. Quick Restaurants, Inc.

CONFIDENTIAL



Background Check Authorization

MUST BE COMPLETED AND ATTACHED WITH EMPLOYMENT APPLICATION

In order to help provide a safe environment for our customers and employees, we require a background check. Do you allow us to do a background check? YES _____ NO _____
If Yes, please complete this form. If NO, please leave form blank. Thank you.

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Mr. Quick Restaurants and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all Information, verbal or written, pertaining to me, to Mr. Quick Restaurants or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Mr. Quick Restaurants, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____