



MANAGEMENT EMPLOYMENT APPLICATION

Bandana's is an equal opportunity employer. Bandana's does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

PERSONAL DATA

NAME (LAST)

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS (STREET)

CITY/STATE

ZIP CODE

PHONE

CONSUMER AUTHORIZATION for Background Investigation

- I. In connection with my application for employment, I hereby authorize Bandana's Missouri, LLC to request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish the consumer reporting agency or bearer with any and all information as to my character, general reputation, personal characteristics, and mode of living in connection with my application for employment. This information may reveal my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment.
- II. I further authorize Bandana's Missouri, LLC to obtain information and records that includes, but is not limited to, credit history, criminal record, civil matters, driving record, previous employment, education verification, and professional license verification. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Information is being procured from:
- USA-FACT, Inc. ● 6200 Box Springs Blvd. ● Riverside, CA 92507 ● (800) 547-0263
- III. In exchange for the employer's consideration of my employment application, I agree not to file or pursue any complaints, claim or legal actions of any kind against USA-FACT for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against Bandana's Missouri, LLC or any of it employees, representatives, or agents arising out of or in any way related to conducting a reference check or background investigation.
- IV. I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based on this authorized request. I understand this authorization is to be part of the written employment application that I sign.
- V. I have been given a stand-alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Bandana's Missouri, LLC to procure consumer reports or investigative consumer reports at any time during my employment period.
- VI. I am entitled to receive a free copy of my consumer report before any adverse decision of possible employment is made because of information obtained within my report.

Signature:

Date:

Printed Name:

D/O/B:

Social Security Number: _____

List addresses for any city and/or states where you have lived over the past 7 years:

List your current Address with Zip Code: _____

Drivers License:

Issuing State: _____

ID Number: _____

The following States require sex and race information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Male Female

Race: Asian Black Hispanic White Other

EMPLOYMENT HISTORY

List all present and past employment, beginning with your most recent for the last seven years. Please attach additional sheets if necessary

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:		TYPE OF BUSINESS:
IMMEDIATE SUPERVISOR:	YOUR JOB TITLE OR POSITION:	
DATES EMPLOYED	FROM (MO./YR.):	TO (MO./YR.):
STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY	
IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? IF YES,PLEASE PROVIDE PHONE NUMBER:		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON(S) FOR LEAVING:		
DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:		

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:		TYPE OF BUSINESS:
IMMEDIATE SUPERVISOR:	YOUR JOB TITLE OR POSITION:	
DATES EMPLOYED	FROM (MO./YR.):	TO (MO./YR.):
STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY	
IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? IF YES,PLEASE PROVIDE PHONE NUMBER:		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON(S) FOR LEAVING:		
DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:		

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:		TYPE OF BUSINESS:
IMMEDIATE SUPERVISOR:	YOUR JOB TITLE OR POSITION:	
DATES EMPLOYED	FROM (MO./YR.):	TO (MO./YR.):
STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY	
IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? IF YES,PLEASE PROVIDE PHONE NUMBER:		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON(S) FOR LEAVING:		
DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:		

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:		TYPE OF BUSINESS:
IMMEDIATE SUPERVISOR:	YOUR JOB TITLE OR POSITION:	
DATES EMPLOYED	FROM (MO./YR.):	TO (MO./YR.):
STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY	
IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? IF YES,PLEASE PROVIDE PHONE NUMBER:		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON(S) FOR LEAVING:		
DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:		

PERSONAL DATA (Continued)

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? YES NO
(Any offer of employment is condition upon completing form I-9 and providing documents establishing identity and work authorization.)

HAVE YOU EVER BEEN REFUSED A FIDELITY BOND? YES NO

POSITION APPLYING FOR (and for which you are qualified): _____ How did you hear about this position? _____ LOCATION PREFERRED: _____

EARNINGS EXPECTED: _____

WITHIN THE PAST SEVEN YEARS HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
(Conviction of a felony will not automatically disqualify you from employment)

IF YES, WHEN AND WHAT FOR: _____

HAVE YOU WORKED FOR US BEFORE? YES NO IF YES, WHEN _____ UNDER WHAT NAME _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH BANDANA'S? YES NO

IF YES, WHEN AND WHERE? _____ UNDER WHAT NAME? _____

ARE YOU RELATED TO ANY ASSOCIATE EMPLOYED BY BANDANA'S? YES NO

IF YES, PROVIDE NAME, RELATIONSHIP, AND LOCATION EMPLOYED: _____

HAVE YOU EVER WORKED FOR A BBQ RESTAURANT CONCEPT BEFORE? YES NO IF YES WHICH COMPANY _____

PAY EXPECTED (Minimum): _____ DATE AVAILABLE FOR EMPLOYMENT: _____

HAVE YOU EVER SIGNED A NON-COMPETE AGREEMENT WITH A BBQ OR OTHER FOOD CONCEPT? YES NO

ARE YOU EIGHTEEN YEARS OR OLDER? YES NO

(If under 18, you are required to submit a birth certificate or work certificate as required by state or federal law)

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER OR ORGANIZATION WHICH MIGHT AFFECT YOUR EMPLOYMENT WITH US? YES NO

EXPLAIN IF YES: _____

DO YOU HAVE ANY CURRENT OR POTENTIAL OWNERSHIP IN ANY RESTAURANT CHAIN? YES NO

IF YES WHAT IS YOUR INTEREST? _____

DO YOU WANT TO WORK: FULL TIME PART TIME IF PART TIME SPECIFY DAYS AND HOURS: _____

ARE YOU WILLING TO RELOCATE? YES NO

EDUCATIONAL DATA

NAME AND ADDRESS OF SCHOOL	GRADUATED (Y/N)	COURSE OR MAJOR SUBJECT	SPECIFIC DEGREE/CERTIFICATE
HIGH SCHOOL			
COLLEGE/OTHER			
GRADUATE SCHOOL			

ARE YOU PRESENTLY ENROLLED IN SCHOOL? YES NO
 IF YES, WHERE ARE YOU ENROLLED? DAY EVENING

LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS:

HAVE YOU USED ANY OTHER NAME OR SOCIAL SECURITY NUMBER THAN THOSE LISTED? YES NO

**BANDANA'S IS COMMITTED TO MAINTAINING A DRUG FREE WORKPLACE.
 THE COMPANY RESERVES THE RIGHT TO ADMINISTER DRUG TESTS TO APPLICANTS AND EMPLOYEES TO EXTENT PERMITTED BY LAW.**
 All qualified applicants will receive consideration without regard to race, color, sex, religion, age, national origin, handicap veteran status or any other protected category.