



4502 S. DALE MABRY HWY  
 TAMPA, FL 33611  
 PHONE 813-835-EATS (3287)

AN ADR COMPANY

**EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY EMPLOYER**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Hours Per Week?	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**SPECIAL EMPLOYMENT NOTICES**

Eats American Grill is owned and operated by American Dreaming Restaurants Incorporated.

The American Dreaming Restaurants Incorporated does not discriminate in hiring of employment on the basis of race, color, religion, sex, national origin, ancestry, age (as defined by applicable law), legally recognized handicap or veteran status. The American Dreaming Restaurants Incorporated are subject to the provisions of the state of FL Worker's Compensation Act and provides all staff members with coverage.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. I understand that American Dreaming Restaurants, Inc. may procure an investigative consumer report that may include information as to my character, general reputation, personal characteristics and mode of living, and that I have a right to receive, upon written request, a description of the nature and scope of any such investigation. I authorize American Dreaming Restaurants, Inc. to check all personal and employment references and to verify all information I have included on this application form.

I understand that this application, policies, practices and procedures, and all other communication distributed to me by American Dreaming Restaurants, Inc. do not constitute or supplement any contract of employment. If I am hired, I understand that all benefits, policies, and procedures may be changed by American Dreaming Restaurants, Inc. at any time, with or without notice. I further understand that I have the option to terminate my employment relationship with American Dreaming Restaurants, Inc., with or without cause and without notice at any time, and that American Dreaming Restaurants, Inc. retains a similar right.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_