



Name: _____

393 S. Milwaukee Ave.
 Wheeling, IL 60090
 (847)520-3633
 www.bobchinns.com

Application For Employment

Bob Chinn's Crab House is an equal opportunity employer and does not discriminate against any applicant in its employment practices because of race, color, religion, gender, sexual orientation, national origin, age, disability, uniformed service, veteran status, or any other basis protected by law.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Personnel Background

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____ Social Security Number ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

Telephone # (____) _____ Mobile/Other # (____) _____ E-mail _____

Referral Source (how did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational

Employment History

Starting with your most recent employer, provide the following information.

Employer	phone # ()	Dates employed	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title:		Hourly or Salary	\$
Immediate supervisor and title (for most recent position held)	may we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later	Commission/Bonus/	\$
		Other Compensation	
Why did you leave?		Compensation (Final)	
Summarize the type of work performed and job responsibilities:		Hourly or Salary	\$
		Commission/Bonus/	\$
		Other Compensation	
What did you like most about your position?			
What were the things you liked least about the position?			

Employment History (continued)

Employer	phone # ()	Dates employed	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title:	State	Hourly or Salary	\$
Immediate supervisor and title (for most recent position held)	may we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later	Commission/Bonus/Other Compensation	\$
Why did you leave?		Compensation (Final)	
Summarize the type of work performed and job responsibilities:		Hourly or Salary	\$
		Commission/Bonus/Other Compensation	\$
What did you like most about your position?			
What were the things you liked least about the position?			

Employer	phone # ()	Dates employed	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title:	State	Hourly or Salary	\$
Immediate supervisor and title (for most recent position held)	may we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later	Commission/Bonus/Other Compensation	\$
Why did you leave?		Compensation (Final)	
Summarize the type of work performed and job responsibilities:		Hourly or Salary	\$
		Commission/Bonus/Other Compensation	\$
What did you like most about your position?			
What were the things you liked least about the position?			

Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Check any relevant certifications.

BASSET Food Handlers Other Certificate

Educational Background

Starting with your most recent school attended, provide the following information.

School (include city & state)	Years Completed	Completed	GPA class rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references (including previous supervisors). If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship To You	Telephone #	Number of Years Known
			()	
			()	
			()	

1. If applying to be a **Server/Bar-Server** (Full time position):

- Preferred 2 years full service restaurant experience.
- 21 years of age.
- You will start with 5 lunches of which 1 will be Saturday or Sunday.
- You will be considered for dinner shift(s) based on your performance and recommendation of the management team after approximately 2 months. If you need additional hours, we usually have host/hostess shifts available.
- Once on nights, you will have 4 lunches and 3 dinners.
- We will consider candidates that prefer lunch shifts only.

2. If applying to be a **Host/Hostess** or **Boutique Sales-Person**:

- Some experience is great, but not necessary.
- You have to be able to work a minimum of 3 shifts and be flexible.
- Our dinner crew stagger in between 3 p.m. and 4:30 p.m., the last shift is 5:00 p.m. on week-days.
- You are generally required to work at least one weekend shift.

3. For other positions, please inquire for specific requirements.

PLEASE INDICATE YOUR AVAILABILITY:

	MON	TUE	WED	THU	FRI	SAT	SUN
Lunch							
Dinner							

I understand that my signature below indicates that I have read and understand the Crab House pre-employment requirements.

Signature

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ Date _____