



4201 Kilgore Ave. Hampton, VA 23666 (757) 896-0220

Employment Application

Q BBQ is an Equal Opportunity Employer.

Please fill out application completely and provide only the information requested. Providing information not requested may result in the rejection of your application. Resumes may be attached to the completed employment application, but does not replace the employment application.

Full Name: _____ Application Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Referred by: _____ Date Available to Start: _____

Please circle the position you are applying for:

- Cashier**
- Bus Person**
- Dishwasher**
- Line Cook**
- Kitchen Manager**
- Assistant Kitchen Manager**
- General Manager**
- Manager**

Days and Hours available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Desired Pay Rate: _____ Are you at least 21 years of age? YES or NO

If hired, can you present evidence of U.S. Citizenship or your legal right to live and work in the USA? YES or NO

Have you ever been convicted of a felony? YES or NO If YES, explain below:

EDUCATION

High School: _____ Yrs Attended: _____ Grad Date: _____

College/Univ: _____ Yrs Attended: _____ Grad Date: _____

Trade/Other: _____ Yrs Attended: _____ Grad Date: _____

Do you have a valid Virginia Driver's License and reliable transportation? YES or NO

Authorization:

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application, on a resume or during a pre-employment interview, including failure to disclose requested information, may result in my discharge.

I understand that any employment relationship with this employer is "at will" which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by a company officer.

Signature _____ Print Name _____ Date _____

Employment History:

Company	Supervisor	Phone Number
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Street Address	City	State
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Dates of Employment: Start: _____ End: _____

Starting Salary: _____/hr/wk/yr Ending Salary: _____/hr/wk/yr

Position & Duties

Reason for Leaving

May we contact this employer? YES or NO

Company	Supervisor	Phone Number
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Street Address	City	State
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Dates of Employment: Start: _____ End: _____

Starting Salary: _____/hr/wk/yr Ending Salary: _____/hr/wk/yr

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Position & Duties

Reason for Leaving

May we contact this employer? YES or NO

Please list three references not related to you and have known you more than one year.

Full Name	Street Address	City	State	Phone	Relationship	Years Known
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