

# BRIDGE STREET BURGER SHACK EMPLOYMENT APPLICATION

## An Equal Opportunity Employer

Bridge Street Burger Shack's policy is to provide equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, height, weight, disability, genetic information, veteran status or other protected characteristic. Reasonable accommodation is provided to qualified employees/applicants with disabilities in compliance with state and federal law.

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Name (Last, First, Middle Initial) \_\_\_\_\_ Today's Date \_\_\_\_\_  
( )  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

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### INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Ask for an extra piece of paper if you need to clarify or complete any responses. If you have any questions about the application, please ask us before you complete and submit it. If you need and wish to request any reasonable accommodation in order to complete this application form, please inform the manager.

### POSITION FOR WHICH YOU ARE APPLYING

POSITION (USE SPECIFIC TITLE) \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_  
ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

### EDUCATION HISTORY

Name and Location	Course of Study	No. of Years Completed	Graduate? Yes No	Diploma or Degree
HIGH SCHOOL _____				
COLLEGE _____				
OTHER _____				

OTHER FORMAL EDUCATION OR EXPERIENCE THAT YOU BELIEVE IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

ARE YOU AT LEAST 18 YEARS OLD\*? \_\_\_\_\_ DO YOU HAVE CURRENT UNRESTRICTED AUTHORIZATION TO WORK IN THE U.S.? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?\* \_\_\_\_\_ IF YES, STATE THE CRIME(S) \_\_\_\_\_

ARE ANY FELONY CHARGES CURRENTLY PENDING AGAINST YOU?\* \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\*Answering yes to any these questions is not an automatic bar to employment.

### PERSONAL REFERENCES

(Provide Names, Addresses and Telephone Numbers)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### EMPLOYMENT HISTORY

(List below past and present employment for the last 5 years, starting with most recent. Include employment with U.S. military service. Do not skip any employers. Use more paper if necessary.)

1. NAME AND ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON(S) FOR LEAVING \_\_\_\_\_

2. NAME AND ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON(S) FOR LEAVING \_\_\_\_\_

3. NAME AND ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON(S) FOR LEAVING \_\_\_\_\_

**APPLICANT STATEMENT**

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

**AFFIRMATION.** I affirm that the information provided on this application is true and complete. Any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

**AUTHORIZATION.** I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

**ACCOMMODATIONS.** If I have a protected disability that affects my ability to perform the essential job functions of the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing as soon as possible. Under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given within 182 days after the date I know or reasonably should know that accommodation is needed.

**DRUG/ALCOHOL TESTS.** I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

**AT-WILL EMPLOYMENT.** I understand that all employees of the Company are employed on an at-will basis. No person other than the controlling member of Company has authority to offer employment for any specified period or to make any contract contrary to the foregoing, and any such commitment by the controlling member will not be enforceable unless it is in writing, pertains specifically to me, and is signed by the controlling member.

**RELEASE.** I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, the Company and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

**WAIVER OF LIMITATIONS PERIODS.** In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within nine (9) months of the event giving rise to the claim and/or lawsuit (unless the applicable statute of limitations is shorter than six (9) months, in which case the shorter period of limitations will apply). **I understand that applicable statutes of limitations may be longer than nine (9) months. However, I agree to be bound by this shorter, nine (9) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

**I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND AND AGREE TO EACH PARAGRAPH OF THE APPLICANT STATEMENT.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE