

SPL RESTAURANTS, INC.
Quentin Tavern Restaurant
APPLICATION OF EMPLOYMENT

Please complete all information contained within this application to the best of your ability.
SPL Restaurants, Inc. is an equal opportunity employer. We do not discriminate on the basis of race,
religion, color, sex, age, national origin, disability or veteran status.

PLEASE FILL OUT THIS APPLICATION AND BRING IT IN PERSON TO:
QUENTIN TAVERN RESTAURANT
81 W Main St, Quentin, PA 17083, (717) 272-4700

POSITION APPLIED FOR _____ DATE _____

PERSONAL:

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MOBILE PHONE _____

ARE YOU 18 YEARS OR OLDER? _____ ARE YOU CURRENTLY EMPLOYED? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR
IMMIGRATION STATUS _____ (proof of citizenship or immigration status will be required upon acceptance of employment)

EDUCATION:

ELEMENTARY SCHOOL _____

HIGH SCHOOL _____

TRADE SCHOOL _____

COLLEGE/GRADUATE SCHOOL _____

LIST ANY SPECIALIZED TRAINING, APPRENTICESHIP PROGRAMS, OR JOB-RELATED SKILLS WHICH WOULD
UNIQUELY QUALIFY YOU FOR THE POSITION _____

SPECIAL AWARDS OR HONORS RECEIVED _____

EMPLOYMENT EXPERIENCE:

Start with your present or most recent position. Include any job-related military service

EMPLOYER _____ FROM _____ TO _____
 ADDRESS _____
 TELEPHONE _____ SUPERVISOR _____
 JOB TITLES _____ HOURLY RATE/SALARY _____
 DUTIES _____

 REASON FOR LEAVING _____

EMPLOYER _____ FROM _____ TO _____
 ADDRESS _____
 TELEPHONE _____ SUPERVISOR _____
 JOB TITLES _____ HOURLY RATE/SALARY _____
 DUTIES _____

 REASON FOR LEAVING _____

EMPLOYER _____ FROM _____ TO _____
 ADDRESS _____
 TELEPHONE _____ SUPERVISOR _____
 JOB TITLES _____ HOURLY RATE/SALARY _____
 DUTIES _____

 REASON FOR LEAVING _____

REFERENCES:

Please list other than previous employers or relatives

NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____

APPLICANT'S ACKNOWLEDGEMENT:

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.
 In the event that I am employed, I understand that any false or misleading information that I knowingly provided in my application or interviews may result in discharge or legal action. I understand also that if I am employed I am required to abide by all of the rules and regulations of the employer. Unless a specific document in executed writing by the employer and employee all employment here is at-will. Just as an employee may resign for any reason, the employer may terminate for any reason

 APPLICANT'S SIGNATURE DATE OF APPLICATION

REFERENCE CHECK RELEASE

It is the policy of Stephen P. Lynn, Inc. to conduct thorough past employment reference checks which are provided by potential employees. Upon competition of an application for employment, applicants will be asked to sign and date this form. Signing this form acknowledges that applicant is granting Stephen P. Lynn, Inc. permission to obtain a work and/or personal character reference from applicants past employers.

 APPLICANT'S SIGNATURE DATE OF APPLICATION