



5675-C Oakbrook Parkway
 Norcross, GA 30093
 P: 770-368-0633
 F: 770-369-0638
 www.saigonrestaurantgroup.com

Application for Employment

Name: (Last Initial)	(First)	(Middle)	Social Security #:
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Local Address:			
Street Address:	City:	State:	Zip Code:

Home Address: (if different from local address)			
Street Address:	City:	State:	Zip Code:

Phone Number:	Mobile Phone Number:	E-Mail Address:
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Are you a citizen of the U.S or do you have a legal right to work in the U.S.?	Yes	No	Any offer of employment is conditional upon you completing Form I-9 and providing documents establishing your identity and work authorization.
	<input type="checkbox"/>	<input type="checkbox"/>	

Are you 18 years of age or older?	Yes	No	If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by State or Federal law.
	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever pleaded "guilty", "no-contest" or been convicted of a crime?	Yes	No	If "yes", when and where?
	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, please provide details:

Type of employment desired:	Full-Time: <input type="checkbox"/>	Part-Time: <input type="checkbox"/>	Date Available to Start:
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How many hours per week would you like to work?	How far do you live from the restaurant?
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How were you referred to us?	Dcg]hcb'5 dd'jYX'zf.
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Availability

Hours Available To Work	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Education

Are you presently enrolled in school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, please provide name and address of school you are attending:						
School Name and Address:						
Did you successfully complete high school and receive a diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you did not complete high school, do you have a high school equivalency diploma (GED)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Employment History

Company Name and Address:		Job Title			
Company Phone Number:	Supervisor Name:	Dates of Employment:	From:	To:	
Last Pay Rate:	Reason for Leaving:	May We Contact This Employer?			
Company Name and Address:		Job Title			
Company Phone Number:	Supervisor Name:	Dates of Employment:	From:	To:	
Last Pay Rate:	Reason for Leaving:	May We Contact This Employer?			
Company Name and Address:		Job Title			
Company Phone Number:	Supervisor Name:	Dates of Employment:	From:	To:	
Last Pay Rate:	Reason for Leaving:	May We Contact This Employer?			

References

Name:	Address:	Phone:	Relationship To You:

I certify that my answers are true to the best of my knowledge. I authorize you to make such investigations of all statements contained in this application including education, prior employment, financial, criminal background and other related matters as may be necessary for an employment decision. I hereby release schools, employers, law enforcement agencies, credit bureaus or individuals from all liability when responding to inquiries in connection with this application for employment. If I should be employed by the Company, I understand that any false or incomplete, or misleading information given on this application or during the interview could result in immediate discharge.

In the event that I am employed by the Company, I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire probationary period of up to ninety (90) days and upon my continued successful job performance. I understand and acknowledge that unless otherwise defined by applicable law or written agreement with the Company, any employment relationship with the Company is considered "employment at will", which means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause.

Signature of Applicant:	Date: