



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: North 40 Chophouse LLC
Address: 520 N Jeffers Street
City/State/ZIP: North Platte, Nebraska 69101
Telephone: (308) 221-6688

It is the policy of North 40 Chophouse LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Email: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____
Full or Part Time? _____

5. Salary Desired: \$ _____ per _____

6. Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? ___Yes --- No
If yes, when? _____

8. Are you at least 18 years old? _____ Yes --- No

9. Are you willing to work any shift, including nights and weekends? ___Yes ___No
If no, please state any limitations:

10. If applicable, are you available to work overtime? ___Yes ___No

11. If you are offered employment, when would you be available to begin work?

12. If hired, are you able to submit proof that you are legally eligible for
employment in the United States? ___Yes ___No

13. Are you able to perform the essential functions of the job position you seek with
or without reasonable accommodation? _____Yes _____No

What reasonable accommodation, if any, would you request?

14. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of
experience, and circle the number which corresponds to your ability for each particular skill. (One
represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating				
		1	2	3	4	5
_____	_____					
_____	_____					

15. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

16. Applicant's Education and Training College/University Name

Address

Did you receive a degree? ___ Yes ___ No If _yes, degree(s) received:

High School/GED Name and Address

Did you receive a degree? ___ Yes ___ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

17. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

18. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize North 40 Chophouse LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE