



Employment Application Form HR-205

The information given on this form is solely for the use of Churrascos Restaurant Group and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

Please Print

Date	Please Circle Location		Churrascos Westchase	Churrascos Woodlands	Churrascos River Oaks	Churrascos Sugar Land	Churrascos Champions
			Churrascos Memorial	Americas River Oaks	Catering	Sales & Marketing	Maintenance Accounting IT Accounting
Personal	Last Name		First	Middle	Social Security Number		
	Present Address-- Street			City, State	Zip Code	Contact Telephone Number	
	Alternate Address-- Street			City, State	Zip Code	Alternate Telephone Number	
	Referred by:			Date Available for Employment		Eligible to Work in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Position (s) Applied For (be specific):			Starting Salary Desired		Type of Employment Desired Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
	Are you willing to: Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>			Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you previously worked for Cordua? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, at which Location?	
	Check the days which you are available for work:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must be completed in its entirety, including salary information.

Employment Background	1. Present (or last) Company Name			Address	City, State	Phone Number
	Dates: From- To			Starting Base Salary \$	Current Base Salary \$	
	Job Title			Supervisor	Reason for Leaving	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Brief description of duties (include number of persons supervised, if applicable)					
	2. Previous Employer Company Name			Address	City, State	Phone Number
	Dates: From- To			Starting Base Salary \$	Ending Base Salary \$	
	Job Title			Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)					
	3. Previous Employer Company Name			Address	City, State	Phone Number
	Dates: From- To			Starting Base Salary \$	Ending Base Salary \$	
Job Title			Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)						

CORDUA RESTAURANTS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.

Education	Schools Attended and Location	Dates Attended		Major	Type Degree	Grade Average		Date of Graduation	
		From	To			Overall	Major	(Mo/ Yr)	
	High School	X		X		Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No	X		X
	College								
	College								
	College								
Special Awards or Recognitions completed.					* If no degree obtained, indicate number of college credit hours completed.				

Military	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

Criminal	Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please list the date, nature, locations, and disposition. _____ _____

Skills	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying. _____
	Foreign Languages: _____ Degree of Proficiency: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

List three persons (not relatives) most familiar with your abilities who have known you for 3 years or more (supervisors preferred).

References	Name and Association	Occupation	Address	Phone	Years Known
	Name and Association	Occupation	Address	Phone	Years Known
	Name and Association	Occupation	Address	Phone	Years Known

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by **Churrascos Restaurant Group** my employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I hereby grant **Churrascos Restaurant Group** the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to **Churrascos Restaurant Group**, or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the Company.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT: _____ DATE: _____

For Management Use Only				
Desired Start Date	Department	Pay Rate	New Hire <input type="checkbox"/>	Re-Hire <input type="checkbox"/>
Comments			General Manager Signature	