



321 E. Harmon Industrial Park
 Suite 6G Harmon, Guam 96913
 Phone: (671) 647-1531 Fax: (671) 649-2855

Employment Application for: Denny's Domino's Winchell's

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____

Phone: _____ Email: _____

Hours Available: Day Time Night Time Desired Salary: \$ _____

Position Applied for: _____ Employment Desired: Full Time Part Time

Are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____
 Address: _____ Phone: _____

Full Name: _____ Relationship: _____
 Address: _____ Phone: _____

Full Name: _____ Relationship: _____
 Address: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference? Yes No

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives or agents to contact and obtain information from all references (personal and professional), and to otherwise verify the accuracy of all information provided by me in this application.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local or federal law.

I also understand that if I am hired, I will be required to provide proof of identity, legal authority to work in the United States and the Immigration laws require me to complete and I-9 Form in this regard.

With the exception of the federal Equal Pay Act, I agree to bring any claim relating to my employment or application for employment within the applicable statute of limitations period or within one year of the challenged action, whichever is shorter, and to waive any statute of limitations to the contrary. In the event this provision is unenforceable, I agree to the extension of this period to allow its enforcement as far as legally as possible.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of foregoing Applicant Statement.

Signature: _____ Date: _____