

Application for Employment	Black Restaurant Group
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Name & Date		Social Security #	
Address		City	State
Home Phone		Cell Phone	
Email			
Reason for applying			

Position Applying for	Date Available to Start
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Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you applied to a Blacks Restaurant Group restaurant before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When & Where?
Addies	Black Market Bistro	Black's Bar & Kitchen
	Republic	Pearl Dive Pearl Dive Oyster Palace
		BlackSalt Fish Market & Restaurant

Can you upon employment provide genuine documentation establishing your identity and eligibility to be legally employed indefinitely in the United States? If no, please explain.

Can you, with or without reasonable accommodations, perform the essential functions of the job?
 Yes () No ()

Last School Attended		
Name	Location	
Major	Years attended	Did you graduate?

Employment History (List Most Recent First)				
	Company Name/Phone #	Job	Salary	Reason for Leaving
Start End				
Start End				
Start End				

Were you ever disciplined at any of the above listed employers? If so, please describe the circumstances.

List Other Jobs Relating to Position Applied for			
Position	Company Name/Phone #	Dates	Reason for Leaving

Black Restaurant Group is an Equal Opportunity Employer

References			
Give names & phone numbers of three people not related to you that you have known for more than 1 year			
Name	Phone #	Business	Yrs Known
Authorization			
<p>Are you planning a vacation or do you require extended time off for personal reasons any time in the next 6 months? If yes, please explain <input style="width: 50px;" type="text"/> Yes <input style="width: 50px;" type="text"/> No</p>			
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>			
Date	Signature		
<p>Under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.</p>			
<p>APPLICANT SIGNATURE: _____ DATE: _____</p>			