



19345 Plum Canyon Road

Santa Clarita Ca 91350

Nikole Koutes: Manager

818-922-9656

Tellys@tellyscharburgers.com

First Name _____ MI _____

Last Name _____ Date _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Other Phone _____ Specify _____

Email Address _____

Level of Education _____

Position applying for _____

Shift Preferred _____ Mornings _____ Afternoons _____ Evenings

Wage Desired? _____

Date available to start work _____

_____ Full Time _____ Part time _____ Temporary

What days are you able to work? _____ Monday _____ Tuesday _____ Wednesday _____ Thursday
_____ Friday _____ Saturday _____ Sunday

If you are under 18, can you furnish a work permit? _____ Yes _____ No _____ Not sure

Have you ever worked for Telly's? If so, when? _____ Yes _____ No _____

Were you referred by a current or former employee? _____ Yes _____ No

If so, please name. _____

Please list any special training or education you have had that may apply to the position you are applying for.

Please list your last 3 employers along with current phone numbers, supervisor names, your duties and reason for leaving.

1. _____

2. _____

3. _____

List 3 references other than relatives or previous employers w/ phone numbers.

1. _____

2. _____

3. _____

By signing this application, you agree to the following statement:

"I certify that the facts contained in the 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 dismissal.

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 fro any damage that may result from utilization of such information.

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 to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

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"

Signed _____ Date _____