

DRM, INC. EMPLOYMENT APPLICATION



EQUAL OPPORTUNITY EMPLOYER



DRM, Inc. (here in after the Company), does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.

PLEASE PRINT THE FOLLOWING INFORMATION:

HOW TO COMPLETE THIS APPLICATION

1. Use a blue or black pen. Print neatly, so your answers are easy to read. If you need more space, attach an additional sheet of paper.
2. Answer all of the questions completely. If you do not understand a question, ask the manager to explain it. You are not required to give information in response to a question that is prohibited by law.
3. If you have questions about job duties or career opportunities with Arby's, ask the manager. He or she will be glad to answer them.
4. Carefully read the information on the application. Once you have answered the questions and read all the information, sign and date the application.
5. Applications are effective for 60 days, after which you must re-apply. This time period may be extended if you are interviewed for a position during the 60-day period.

PERSONAL INFORMATION

Name (First, Middle, Last)		Today's Date	
Phone Number (if not a local number, please provide a local number)			
Home-		Cell- Other-	
Street Address		City, State, Zip Code	
How long have you lived at your current address?		Person to contact in case of an emergency (name & phone number)	
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" can you, after employment, show proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a current valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you, after employment, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been counseled or disciplined for being late or absent from work or school? <input type="checkbox"/> Yes <input type="checkbox"/> No The U.S. Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and campylobacter, may prevent you from serving good food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves serving food or handling food equipment in a sanitary and healthy fashion. Can you, with or without reasonable accommodation, perform this essential function of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe, including dates charged, penalties, and current disposition. Note: Convictions may not be an automatic disqualification from employment. _____ _____ _____ _____ _____ _____	

POSITION REQUESTED

- Crew Member:** No experience required.
- Shift Manager:** Food service or retail experience required.
- Assistant Manager/Restaurant Manager:** Management experience required.



AVAILABILITY (for Crew Member and Shift Manager applicants only)

Date you can start:

\$ Wages desired

Please check (✓) the shifts you are available to work (hours may vary):

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Comments:
Open am								
Lunch am/pm								
Dinner pm								
Close pm/am								

How did you learn of this opportunity? Employee Referral (please list name: _____) Advertisement (please list source: _____)
 Walk-in Internet site: _____ Relative (please list name: _____) Other: _____

Have you ever applied at Arby's before? Yes No If yes, when:

Have you ever worked at Arby's before? Yes No If yes, dates & location:

Have you ever been bonded? Yes No If yes, on what jobs?

PLEASE LIST THREE MOST RECENT JOBS (Start with most recent or current job)

Company:	Position:
Dates: from ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: ()
Last Rate of Pay:	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated	
Company:	Position:
Dates: from ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: ()
Last Rate of Pay:	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated	
Company:	Position:
Dates: from ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: ()
Last Rate of Pay:	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated	



PLAY FAIR



HAVE FUN



MAKE A DIFFERENCE



EDUCATION

School Name & Location	Did you Graduate?	GPA	Major/Degree or Total Hours
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade or Business School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DRM, INC. BENEFITS

DRM strongly believes in being “The Employer of Choice” and offers wonderful benefits (for those who qualify) such as :

- Health Insurance
- Dental Insurance
- Life Insurance
- Vision Insurance
- Long-term Disability Insurance
- 401(k) Plan
- Vacation Plan
- Bonus Incentive Plans
- Meal Discounts

APPLICANT’S STATEMENTS

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
2. I understand that in connection with the application process, the Company and its representatives may contact my former employers, educational institutions, conduct a background check, may contact references, and other relevant third parties to obtain additional information related to the information given by me in this application. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless the Company, and affiliates, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.
3. If employed, I agree to conform to the rules and regulations of DRM and Arby’s and understand that I will be an employee at-will, and my employment may be terminated at any time by me or the Company, with or without notice, for any reason. I understand that only an Officer of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and it must be in writing and signed.

Applicant’s Signature

Date

FOR COMPANY USE ONLY

Check (✓) Either A or B

___A) The applicant did not receive a first interview due to: (please check one of the following)

- Missing, illegible or incomplete information
- Schedule availability inconsistent with restaurant needs
- Previous job history/wage requirements inconsistent with restaurant needs
- Under Age* employability inconsistent with restaurant needs
- Applicant's expectations/standards inconsistent with restaurant needs

___B) The applicant received a first interview on: _____ **Interviewer's Name:** _____

The reference check below was conducted on: _____ **Date:** _____

* Under 16, or under 18-21 depending on state or local laws.

FOR COMPANY USE ONLY

Telephone Reference Check

Telephone Reference Introduction:

Hello, this is _____ with Arby's and I would like to verify employment information on _____ who is applying to our company for, the position of _____.
May I verify some information regarding their work history?

Copy & Verify Company Information from the front of this form.

<p>Company Name: _____</p> <p>Phone: (___) _____</p> <p>Person to Contact: _____</p> <p>Dates of Employment: From: _____ To: _____</p> <p>Applicants Last Job Title: _____</p> <p>Applicants Last Rate of Pay: _____</p> <p>Reason for Leaving: <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Resigned w/out notice <input type="checkbox"/> Terminated</p>	<p>Company Name: _____</p> <p>Phone: (___) _____</p> <p>Person to Contact: _____</p> <p>Dates of Employment: From: _____ To: _____</p> <p>Applicants Last Job Title: _____</p> <p>Applicants Last Rate of Pay: _____</p> <p>Reason for Leaving: <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Resigned w/out notice <input type="checkbox"/> Terminated</p>	<p>Company Name: _____</p> <p>Phone: (___) _____</p> <p>Person to Contact: _____</p> <p>Dates of Employment: From: _____ To: _____</p> <p>Applicants Last Job Title: _____</p> <p>Applicants Last Rate of Pay: _____</p> <p>Reason for Leaving: <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Resigned w/out notice <input type="checkbox"/> Terminated</p>
<p>Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Overall, how would you rate this person to people you've worked with in similar positions? <input type="checkbox"/> Strong <input type="checkbox"/> Ok <input type="checkbox"/> Concerns</p>	<p>Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Overall, how would you rate this person to people you've worked with in similar positions? <input type="checkbox"/> Strong <input type="checkbox"/> Ok <input type="checkbox"/> Concerns</p>	<p>Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Overall, how would you rate this person to people you've worked with in similar positions? <input type="checkbox"/> Strong <input type="checkbox"/> Ok <input type="checkbox"/> Concerns</p>