

**CROSSROADS RESTAURANT
GROUP INC.**



In order for you to be considered for employment, the application must be filled out in its **ENTIRETY**. Resumes, although certainly welcome, should not be submitted in lieu of information requested. **Please PRINT.**

Date _____
Month _____ Date _____ Year _____

Which Oswego Grill Location?

Kruse Way Wilsonville

Name _____
First _____ Middle _____ Last _____

Present Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Previous Address _____
(If less than 2 years at current location) Number _____ Street _____ City _____ State _____ Zip _____

Age: If under 21		Birth Date: If under 21		Phone:		Email:	
			Month/Date/Year				

Are you legally able to work in the United States? YES NO
(Proof of identity and legal authority to work in the U.S. is an employment condition)

Position Applying for:
 Host Server Cocktailer Bartender Cook Dishwasher

Expected Starting Hourly Rate: _____ Expected Weekly Earnings: _____

BUSINESS EXPERIENCE		FROM	TO		
List most recent 3 Employers:		Mo /Year	Mo/Year	Name of immediate Supervisor	Title
Present Employer:					
Address:				Your Position	
Phone Number		Salary \$		Reason for leaving	
		Mo/ Year	Mo/ Year	Name of immediate Supervisor	Title
Past Employer:					
Address				Your Position	
Phone Number		Salary \$		Reason for leaving	
		Mo/ Year	Mo/ Year	Name of immediate Supervisor	Title
Past Employer:					
Address				Your Position	
Phone Number		Salary \$		Reason for leaving	

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT, OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS OF CROSSROADS RESTAURANT GROUP INC. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF CROSSROADS RESTAURANT GROUP INC. OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO MAKE ANY MODIFICATION EITHER VERBALLY, OR WRITTEN TO THE CONTRARY.

Date _____ Signature of Applicant: _____

Thank you for applying with Crossroads Restaurant Group