

STORE MANAGEMENT USE ONLY
CONSIDERATION FOR:



**INCOMPLETE
APPLICATIONS WILL BE
REJECTED**

How did you hear about Nik's? _____

APPLICATION DATE: _____

RESTAURANT GROUP

EMPLOYMENT APPLICATION

PERSONAL

NAME				HOME PHONE: ()	
LAST	FIRST	MI	EMAIL	CELL PHONE: ()	
(PROVIDE IF HIRED)					
SOCIAL SECURITY NUMBER		-	-	DRIVER'S LICENSE NUMBER	STATE ISSUED: EXP:
ADDRESS					
STREET		CITY		STATE	ZIP CODE
Have you lived at your current residence less than 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please list previous residence:					
ADDRESS				How many years at this address? _____	
STREET		CITY		STATE	ZIP CODE
DATE AVAILABLE FOR EMPLOYMENT? ___/___/___		IF A POSITION IS OFFERED, HOW MUCH NOTICE DO YOU NEED TO PROVIDE YOUR CURRENT EMPLOYER?			
		<input type="checkbox"/> 1 WEEK		<input type="checkbox"/> 2 WEEKS	
		<input type="checkbox"/> NO NOTICE NEEDED		<input type="checkbox"/> OTHER: _____	
PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY					
NAME: _____					
ADDRESS: _____					
CITY AND STATE _____			PHONE: (_____) _____		

PLEASE COMPLETE ALL OF THE QUESTIONS LISTED BELOW

POSITION YOU ARE APPLYING FOR (FIRST CHOICE)			POSITION YOU ARE APPLYING FOR (SECOND CHOICE)			
DESIRED HOURLY / SALARY PAY (FIRST CHOICE)			DESIRED HOURLY / SALARY PAY (SECOND CHOICE)			
FOR HOURLY POSITIONS PLEASE NOTE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME						
HOURS AVAILABLE *BE SPECIFIC FOR EACH DAY e.g. 5 AM – 2 PM DO NOT USE "ANY" OR "ALL"						
HOW MANY WEEKLY HOURS WOULD YOU LIKE TO WORK? <input type="checkbox"/> 8 - 15 HRS <input type="checkbox"/> 15 - 25 HRS <input type="checkbox"/> 30 - 40 HRS						
* _____						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1. HAVE YOU WORKED AT ANY OTHER JOBS THAT ARE NOT LISTED ON THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO						
2. HAVE YOU EVER BEEN EMPLOYED BY NIK'S RESTAURANT GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO						
3. HAVE YOU APPLIED AT ONE OF OUR RESTAURANTS IN THE PAST? IF YES, WHICH LOCATION: <input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/> NIK'S WUNDER BAR <input type="checkbox"/> NIK'S RARITAN PUB <input type="checkbox"/> NIK'S NORTH BRANCH TAVERN <input type="checkbox"/> NIK'S STEAKHOUSE APPROXIMATE DATE: _____						
4. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO						
5. CAN YOU PROVE YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.A., IF YOU ARE MADE AN OFFER? <input type="checkbox"/> YES <input type="checkbox"/> NO						

6. ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES? YES NO

7. DO YOU HAVE A VALID NEW JERSEY FOOD HANDLERS CARD? YES NO

8. IF HIRED, WILL YOU BE WORKING ANOTHER JOB IN ADDITION TO THIS ONE? YES NO

9. HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, OR "NO CONTEST" TO ANY CRIMINAL OFFENSE INCLUDING, BUT NOT LIMITED TO, THEFT, FRAUD, PASSING BAD CHECKS, CREDIT FRAUD, FORGERY OR OTHER CRIME?
 (Do not list the following: arrests or detention that did not result in a conviction; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated: misdemeanor, convictions, for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; any arrest for which a pretrial diversion program has been completed: or any marijuana possession convictions more than two years old.

IF YES, PLEASE EXPLAIN: YES NO

DATE(S) AND PLACE(S) OF CONVICTION

*NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, nature and seriousness of the offense and its relevance to the position, and disposition/rehabilitation will be taken into account.

PREVIOUS EMPLOYMENT - MUST COMPLETE ALL IF LESS THAN TEN YEARS.

STARTING WITH YOUR PRESENT EMPLOYER, LIST ALL COMPANIES FOR WHOM YOU HAVE WORKED, INDUSTRY RELATED OR NOT. INCLUDE PERIODS OF UNEMPLOYMENT FROM WORK, OR SELF-EMPLOYMENT, AND JOBS HELD WHILE ATTENDING SCHOOL. YOU MAY ATTACH A RESUME HOWEVER THE FOLLOWING SECTION MUST BE COMPLETED. (MUST ACCOUNT FOR PREVIOUS 10 YEARS.)

EMPLOYER NAME: _____

ADDRESS: _____

CITY AND STATE _____ PHONE: (____) _____

BUSINESS WEBSITE ADDRESS (IF KNOWN): _____

DATES OF EMPLOYMENT		POSITION HELD
FROM MO/YR	TO MO/YR	
WEEKLY SALARY		OTHER COMPENSATION
START \$	FINAL \$	(BONUS, COMMISSION)\$
IMMEDIATE SUPERVISOR		
NAME		SUPERVISOR TITLE
BRIEF DESCRIPTION OF YOUR DUTIES		
REASON FOR LEAVING		CHECK ANY THAT APPLY: <input type="checkbox"/> I AM STILL EMPLOYED <input type="checkbox"/> I PLAN TO STAY <input type="checkbox"/> I PLAN TO QUIT <input type="checkbox"/> I ALREADY QUIT <input type="checkbox"/> I WAS TERMINATED / LAID-OFF

PREVIOUS EMPLOYMENT (CONTINUED)

EMPLOYER NAME: _____	
ADDRESS: _____	
CITY AND STATE _____	PHONE: (____) _____
BUSINESS WEBSITE ADDRESS (IF KNOWN): _____	
DATES OF EMPLOYMENT	POSITION HELD
FROM MO/YR TO MO/YR	
WEEKLY SALARY	OTHER COMPENSATION
START \$ FINAL \$	(BONUS, COMMISSION)\$
IMMEDIATE SUPERVISOR	
NAME	SUPERVISOR TITLE
BRIEF DESCRIPTION OF YOUR DUTIES	
REASON FOR LEAVING	CHECK ANY THAT APPLY: <input type="checkbox"/> I AM STILL EMPLOYED <input type="checkbox"/> I PLAN TO STAY <input type="checkbox"/> I PLAN TO QUIT <input type="checkbox"/> I ALREADY QUIT <input type="checkbox"/> I WAS TERMINATED / LAID-OFF

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ADDRESS: _____	
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BUSINESS WEBSITE ADDRESS (IF KNOWN): _____	
DATES OF EMPLOYMENT	POSITION HELD
FROM MO/YR TO MO/YR	
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