



1000 Tradition Drive ♦ Polk City, IA 50226

#### EMPLOYMENT APPLICATION

First Name	Initial	Last Name	Social Security Number	Phone Number
Street		City	State	Zip
Date Of Birth				
Email Address				

#### AVAILABILITY

Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Expected Last Day to Work: \_\_\_\_\_

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

#### EDUCATION

High School/College	City, State	Phone Number	Teacher or Counselor	GPA	Current Grade	Year Graduated
Sports/Activities						

#### REFERENCES

List three school, business, or personal references that you give permission for us to contact. They should be not related to you.

Name	Telephone Number	Known How Long?	School*	Work*	Personal*

#### WORK EXPERIENCE

Start with your most recent employer. May we contact these employers Yes No

Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	

**IN CASE OF EMERGENCY NOTIFY**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AUTHORIZE LEGENDS CLUB GRILL, LLC TO OBTAIN MY BACKGROUND REPORT, INCLUDING INVESTIGATIVE CONSUMER REPORTS. I ALSO AGREE THAT A COPY OF THIS FORM IS VALID LIKE THE SIGNED ORIGINAL. \_\_\_\_\_ **INITIAL HERE**

IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONSIDERATIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR THE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE \_\_\_\_\_ APPLICANT APPROVAL \_\_\_\_\_

**Legends Club is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the company does not discriminate against qualified individuals with disabilities.**

**For Hiring Manager Use Only:**

References verified by: \_\_\_\_\_ Date: \_\_\_\_\_ **or**

Referred by: (name referring person and relationship to applicant)

Department (1): \_\_\_\_\_ Department (2): \_\_\_\_\_ Department (3): \_\_\_\_\_

Position (1): \_\_\_\_\_ Position (2): \_\_\_\_\_ Position (3): \_\_\_\_\_

Hourly Wage (1): \_\_\_\_\_ Hourly Wage (2): \_\_\_\_\_ Hourly Wage (3): \_\_\_\_\_

Date Reported to Work: \_\_\_\_\_

Key required: \_\_\_\_yes \_\_\_\_no Alarm Code required: \_\_\_\_yes \_\_\_\_no

Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Background Check Complete date \_\_\_\_\_ initials \_\_\_\_\_

POS Entry date \_\_\_\_\_ initials \_\_\_\_\_

Employee PIN

Security

F&B Security

Employee ID

ADP Entry date \_\_\_\_\_ initials \_\_\_\_\_

I9

W4

Direct Deposit

Email Managers

Email Employee

Copy of Handbook Handbook Acknowledgment Form Received

ADP online access instructions

PIN number

Tips on Tips

Tobacco Education Material Tobacco Training Acknowledgment Form Received