## SONIC Drive-In Employment Application



## **Personal Information**

Applicants will receive consideration without regard to race, color, religion, national origin, ancestry, sex, age, disability, military status or any other legally protected status or characteristic. The Drive-in provides reasonable accommodation for qualified individuals with a disability, in accordance with the Americans with Disabilities Act and applicable state and local laws. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact the Drive-in's management in order to arrange such accommodation.

01.	Last name	Middle name	First nar	ne	Date of application		
02.	Street address	Apt # City		State Zip	How long at this address?		
_							
03.	Contact number one	Contact number two	For whi	ich Sonic Drive-in are y	ou completing this application?		
04	Yes No Are you at least 16 years of age?	Note: If you are unde	r 18 years of age.	proof of age or work	permit may be required.		
04.	you us louds to yours of ago.	noten in you are amae	. To years or age,	p. 00. 0. uge 0	pormit may be required.		
	Crew Management						
05.	Position desired [Check one]	Pay desired	Ref	erred by			
	Date of the first of the state	erritor or allohor or					
06.	Date available to start work	Total hours available to wor	k per week				
07.	Please fill in the hours each day that	you are available to work.	Sun Mon	Tue Wed	Thu Fri Sat		
	Yes No						
08.	Have you ever worked for a Sonic	Drive-In before? If yes	, please list dates of	employment and loca	tion(s) worked.		
09.	Yes No If a job is offered, will you be able	to provide legal verification	of your eligibility to	o work in the United St	rates?		
U9. I	,	<b>-</b>	,				
	Yes No						
10.	Have you been convicted of an a	•					
	You are not obligated to disclose sealed, and necessarily be a bar to employment and will described below) will result in discontinued of California, Georgia, Hawaii, please note the l	be considered as it relates to the consideration of the application of	e job in question. Failu r termination of employ	re to honestly and complet	ely answer this question (other than as		
_							
11.	If you answered yes to #10, state in o	detail the nature of the offens	e(s), date(s) of occur	rence, where the offense	e(s) occurred and the disposition:		

CALIFORNIA candidates and residents only: Excluded from this inquiry are convictions for which the records have been judicially sealed, expunged or statutorily eradicated.

Edu	cation	Histor	у							
I	High School									
	College									
	Other									
12.	Other	Name of	school	City & State	Years at	tended	Degree or cou	urses taken		
12.		Hame of School			101110					
Emp	oloymer	nt Hist	ory							
Starting paper. Y	with your <b>CUR</b> I ou may exclude	<b>RENT</b> or mo organizations	st recent employer, st s which indicate race,	ate your employment histo color, religion, gender, nat	ory for the past 7 years tional origin, disability	. Include milit handicap, or	ary experience. If nother protected sta	ecessary, attach an additional sheet of atus.		
	F	. t	Name o O and due and		C	0 4-	lankana	Data of ways at and 0 finish		
13. <b>I</b>	Employment period Name & add		Name & addres	s ot company	Supervisor name & telephone		iepnone	Rate of pay start & finish		
	Ending job title Reason for lea		Reason for leav	ring	Describe the type of work you		vork you perfor	performed		
14.	Employment period Name & addre		Name & addres	ss of company Supe		pervisor name & telephone		Rate of pay start & finish		
	Ending job title Reason for le		Reason for leav	ing	Describe the	Describe the type of work you performed				
15.	Employment period Name & addr		Name & addres	s of company	Supervisor	name & te	Rate of pay start & finish			
	Ending job title Reason for lea		ina	Describe t	Describe the type of work you performed					
l			oning Describe the type of work		voik you perior	incu				
Ref	erences									
Give na	me, address and	telephone nu	umber of three refere	nces who are not related t	o you and are not prev	ious employe	rs.			
(	01.									
(	02.									
(	03.									
16.	Name o	of reference	е	Address		City & st	tate	Telephone number		
Cert	tificatio	n of In	formation							
				ment before signing v	our application					
<b>01.</b> I cer	rtify that the informa	ation I have pro	vided in this application is	, ,	he best of my knowledge. I		t false, incomplete or m	isrepresented information of any kind given in		
<b>02.</b> I au	thorize all persons	and entities ha	aving any job-related info	rmation about me to furnish si	uch information to the dri	ve-in. This includ		hat my present and former employers furnish rights and claims I may otherwise have against		

- 03. This application will expire in 30 days. After that date I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.
- 04. I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create a contract for continued employment with the company. In addition, I understand and agree that if I am employed, my employment will be at will, meaning that it is for no definite or specified period of time and my employment and compensation may be terminated at any time, with or without cause, and with or without prior notice, at the option of the company or myself. I understand 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 at-will employment.
- **05.** I authorize the drive-in to provide information from my records, including dates of employment, salary earned, reasons for leaving employment, and all other information they may have concerning my performance to businesses that I apply to for employment during or after my employment ends with the drive-in. I also release the drive-in's owners and representatives from any liability or claims for damages, including libel, slander, and invasion of privacy, that may result from the disclosure and use of this information.
- 06. I acknowledge that I am applying for employment with an independently owned and operated Sonic Drive-In, a separate company and employer from Sonic Corp. and any of its affiliates.

17.	Signature of applicant		Date	