

## ABBREVIATED EMPLOYMENT APPLICATION FORM

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>		<b>Date:</b>
<p>Were you an Ozark Bar-B-Que employee in 2011? - Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, you should fill out a different application form. Please ask for one from one of our managers.</p> <p>How did you become aware of the employment vacancy for which you are applying? _____</p>		
Last Name	First	Middle/Maiden
Please provide your current Local Physical Address  Is this the same as it was in 2010?		Are you available for work the following holiday "weekends"?
Where should we send this year's W-2 form?  Number  Street  City  State  Postal Code  Email Address: _____		Memorial Day (May 25– May 28): Y/N  July 4 <sup>th</sup> Holiday (June 30 – July 8): Y/N  Labor Day Weekend (Aug 31 – Sept.3): Y/N  _____  <b>NOTE: You may not be hired if you are not available for work during the 2012 holiday weekends set forth, subject to some exceptions granted by management. SHOULD YOU BE SCHEDULED FOR WORK AND NOT SHOW UP, WE WILL CONSIDER THAT YOU HAVE QUIT WORKING.</b>
<b>Has your citizenship changed since 2011?</b> If so, please fill in the following: Are you a citizen of the USA?  Yes <input type="checkbox"/> No <input type="checkbox"/>  Do you have permanent residency status? Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security No. _____  Passport No. _____  Country(ies) holding Citizenship Status _____
Telephone: Home _____ Cellular _____ <b>Please complete, even if you have given this information to Ozark Bar-B-Que in the past.</b>  <b>If under 18, please state age:</b> _____		

Position applied for _____  and wage desired _____	Days/hours available to work:-  No Preference _____ or  <b>Monday</b> From _____ To _____  <b>Tuesday</b> From _____ To _____  <b>Wednesday</b> From _____ To _____  <b>Thursday</b> From _____ To _____  <b>Friday</b> From _____ To _____  <b>Saturday</b> From _____ To _____  <b>Sunday</b> From _____ To _____				
How many hours can you work weekly? _____ Can you work nights? (after 11PM and before 6AM) _____  Please note that the Company does not provide Staff transportation.					
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME					
Month and date when available for work?					
HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES? Theft, assault, battery, murder/manslaughter, sexual assault, kidnapping, any dishonest practice crime, vandalism, destruction of personal property, indecent exposure or similar behavior. <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.					
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No Please ensure that the Driver's License Record Check is completed.					
What is your means of transportation to work?					
Driver's license number _____  State of issue _____ Expiration Date: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Code _____</td> <td style="padding: 5px;"><input type="checkbox"/> Operator <input type="checkbox"/> Commercial</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Chauffeur <input type="checkbox"/> Private</td> </tr> </table>	Code _____	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial		<input type="checkbox"/> Chauffeur <input type="checkbox"/> Private
Code _____	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial				
	<input type="checkbox"/> Chauffeur <input type="checkbox"/> Private				
Have you had any accidents during the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?				
Have you had any moving violations during the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many?				
Have you had any educational and/or employment experience since last summer that you want us to know about? If so, please provide a description of the experience and the name and telephone number of someone who is familiar with your experience here:					

**PLEASE READ CAREFULLY**

May we contact your present employer?  Yes  No **Please list name & telephone number:**

Did you complete this application yourself  Yes  No

If not, who did?

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by BP Lanier Enterprises, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that any employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company may be terminable by the Company for any reason recognized in law as being sufficient. Even after the probationary period is over, at anytime during my employment with the Company and for a period of thirty (30) days thereafter, I authorize the Company to deduct from my paycheck any amount authorized by law, including, but not limited to, any amount pursuant to a wage garnishment, order of child support and/or pursuant to this authorization, any amount that the Company has a good-faith belief it is due as a result of any action or failure to act on my part either within or outside of my scope of employment.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications and the inherent requirements of the job, having regard to Employment Equity legislative requirements.

Thank you for completing this application form and for your interest in our business.