



# HOURLY OUTBACKER EMPLOYMENT APPLICATION

Last Name		First Name		Middle Initial	Today's Date
Street/P.O. Box		Apt. #	City		State ZIP Code
Day Phone No.		Evening Phone No.		Social Security Number	Expected Hourly Pay Rate
Do you have reliable transportation to and from work during our hours of operation? <input type="radio"/> Yes <input type="radio"/> No		Are you applying for a full-time or part-time position? <input type="radio"/> Full-Time <input type="radio"/> Part-Time		How many hours per week do you want to work? Minimum _____ Maximum _____	
Position Applying For:					
<input type="radio"/> Server		<input type="radio"/> Host/Hostess		<input type="radio"/> Kitchen Prep	
<input type="radio"/> Bartender		<input type="radio"/> Cook/Line Cook		<input type="radio"/> Busser	

- If hired, can you submit documents to prove your legal right to work in the U.S.? .....  Yes  No
- Are you of legal age to serve alcoholic beverages (age requirements may vary by state)? .....  Yes  No
- We do not permit smoking in the restaurant while on duty. Are you willing to comply? .....  Yes  No
- Outback does not tolerate drug use by employees before or during work.  
Are you willing to comply? .....  Yes  No
- Up to 50 lbs. of lifting several times a day is an essential function of kitchen positions.  
Are you willing and able to comply with this requirement? .....  Yes  No
- Being on your feet for 6-9 hours at a time is a requirement in dining room positions.  
Are you willing and able to comply with this requirement? .....  Yes  No
- Have you ever applied for a position at Outback or an affiliated company before? .....  Yes  No  
If yes, which location? \_\_\_\_\_  
What was the result? \_\_\_\_\_
- Have you ever been employed by Outback or an affiliated company? .....  Yes  No  
If yes, which restaurant? \_\_\_\_\_  
When? From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month/Year Month/Year  
What was your position? \_\_\_\_\_  
Why did you leave? \_\_\_\_\_
- How many jobs have you had in the past year? \_\_\_\_\_ Past two years? \_\_\_\_\_
- What were the circumstances for leaving each job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the minimum amount you need to earn? \$ \_\_\_\_\_ /week \$ \_\_\_\_\_ /month

12. We may train on days you have other obligations. Are you willing to reschedule your plans to come to training? .....  Yes  No

\*13. Do you have any schedule obligations (e.g., annual trips, vacations, weddings, reserve duty, or holidays) coming up that we need to know about? .....  Yes  No

\*\*14 \*Have you been convicted of a felony that has not been annulled, expunged or sealed by the court? .....  Yes  No

*(Conviction will not necessarily disqualify an applicant from employment, but will be considered in the context of the entire application and position(s) applied for.)*

**\*\*California residents only:** You may exclude any marijuana related convictions over two years old.

**\*\*Massachusetts residents only:** An applicant for employment who has a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

\*15. What commitments do you have, or do you anticipate, that may affect your schedule? \_\_\_\_\_

\_\_\_\_\_

\*16. Would you be willing to work flexible hours (including weekends)? .....  Yes  No

\*17. Are you willing to work holidays? (We are closed on Thanksgiving and Christmas.) .....  Yes  No

\*18. Please indicate any days you are regularly unavailable.

	MON	TUES	WED	THURS	FRI	SAT	SUN
NOT AVAILABLE							

19. If hired, what notice do you need to give your current employer? \_\_\_\_\_

20. When would you be available to start? \_\_\_\_\_

21. Why are you applying for a position with us? \_\_\_\_\_

\_\_\_\_\_

\*22. If offered a position with Outback, how long would you plan to remain with us? \_\_\_\_\_

\*23. Please explain any specialized training or course work you have completed that relates to the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. We have specific requirements for personal appearance for both the dining room and kitchen: clean, proper work apparel, no excessive jewelry or makeup, and good general hygiene. Are you willing to comply with these requirements? .....  Yes  No

25. Under what circumstances would you not feel comfortable serving alcohol? \_\_\_\_\_

\_\_\_\_\_

**\*You may omit any information indicating legally protected characteristics.**

Please complete the information requested below regarding your work history. Please do not write "See Résumé."

**EMPLOYMENT HISTORY**

	Current or Most Recent Employer	Previous Employer	Previous Employer
<b>NAME OF EMPLOYER</b>			
<b>ADDRESS/LOCATION</b>			
<b>MAY WE CONTACT THIS EMPLOYER? IF NO, PLEASE EXPLAIN.</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>SUPERVISOR'S NAME</b>			
<b>PHONE NUMBER</b>			
<b>LENGTH OF EMPLOYMENT</b>	From _____ To _____ Month/Year Month/Year	From _____ To _____ Month/Year Month/Year	From _____ To _____ Month/Year Month/Year
<b>POSITION(S) HELD</b>			
<b>DESCRIPTION OF DUTIES AND RESPONSIBILITIES</b>			
<b>HOURLY PAY RATE</b>	Start _____ Last _____	Start _____ Last _____	Start _____ Last _____
<b>AVERAGE NUMBER OF HOURS WORKED PER WEEK</b>			
<b>REASON FOR LEAVING</b>			

**Optional: Emergency Contact Information**

Please list the person we should contact in case of an emergency. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, I hereby agree to abide by all policies and rules of Outback Steakhouse, Inc., including those addressing job-related appearance and grooming standards. I understand that these policies and rules may be amended or revised by the Outback Steakhouse, Inc., at any time and that nothing in this application creates, or will create, an express or implied contract of employment between the Outback Steakhouse, Inc., and me. I understand that false, misleading, or omitted information in my application, resume, or interview(s) may result in discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attention: All HOURLY applications must be returned to an Outback restaurant. All MANAGEMENT applications must be returned to a Joint Venture Partner. (Please DO NOT submit a MANAGEMENT application to an Outback restaurant.)**

**FOR OUTBACK OFFICE USE ONLY**  
**CANDIDATE, PLEASE DO NOT WRITE ON THIS PAGE**

Describe the following working conditions to the candidate:

- |   |  |  |
|---|--|--|
| <input type="radio"/> How much trainees earn  | <input type="radio"/> Tip share                  | <input type="radio"/> Teamwork expectations (Give example) |
| <input type="radio"/> Non-smoking environment | <input type="radio"/> Hours (early, late shifts) | <input type="radio"/> Management team structure and tenure |
| <input type="radio"/> Bussers do dishes       | <input type="radio"/> Possible cross-training    | <input type="radio"/> 2-3 table stations                   |

Review our benefits and background:

- |                                    |   |   |  |
|------------------------------------|---|---|--|
| <input type="radio"/> Meal program | <input type="radio"/> Vacation policy   | <input type="radio"/> Pay every two weeks   | <input type="radio"/> History of Outback |
| <input type="radio"/> Growth plans | <input type="radio"/> Simple uniform    | <input type="radio"/> Opportunity (cross-training,<br>new restaurants, advancement) |  |
| <input type="radio"/> Dinner only  | <input type="radio"/> Insurance details |   |  |

**HOURLY EMPLOYMENT VERIFICATION**

	Employment Verification #1	Employment Verification #2
<b>Date of Employment Verification</b>		
<b>Conducted by</b>		
<b>Company</b>		
<b>Name of Supervisor</b>		
<b>Supervisor's Title</b>		
<b>Phone Number</b>		
<b>"Mr./Ms. (Name) has applied for employment with us. I would like to verify some of the information given to us. When did he/she work for your company?"</b>	From: _____ / _____ Mo. Yr. To: _____ / _____ Mo. Yr.	From: _____ / _____ Mo. Yr. To: _____ / _____ Mo. Yr.
<b>"Would you re-employ him/her?"</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>"What was his/her job with you?"</b>		
<b>"He/she says compensation was \$ _____. Is that correct?"</b>	<input type="radio"/> Yes <input type="radio"/> No \$ _____	<input type="radio"/> Yes <input type="radio"/> No \$ _____
<b>"Why did he/she leave your company?"</b>		
<b>"I would like to talk to another individual who worked closely with (Name). Who can you recommend and how can I contact him/her?"</b>	Name _____ Position _____ Phone # _____	Name _____ Position _____ Phone # _____
<b>Additional Comments</b>		

Management Recommendation:  Continue  Discontinue \_\_\_\_\_ Manager \_\_\_\_\_ KM