



Dead Fish Grill
2207 Lake Road
Belton, TX 76513

T 254.939.5771
F 254.939.3432

info@deadfishgrill.com
www.deadfishgrill.com

Dear Applicant,

Thank you for your interest in employment with Frank Smith's Inc. (Dead Fish Grill). Frank Smith's Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Please fill out the following application form and availability form completely. Print in black ink or type. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign each document when completed. If you have a resume prepared, you may submit it along with your application.

Submit your completed application in one of the following ways:

By e-mail: info@deadfishgrill.com

By fax: 254.939.3432

In person during non-peak business hours: (after 2pm, before 4pm Tuesday through Sunday)

By mail: Dead Fish Grill
 2207 Lake Road
 Belton, TX 76513

Sincerely yours,

Dead Fish Grill Management Team

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____
 How did you learn about the position? _____

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Other Phone _____
 Email Address _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____
 Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? ___ Yes ___ No

Have you ever been convicted of a felony or violent crime? ___ Yes ___ No
 If yes, please describe circumstances _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? ___ Yes ___ No
 If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? ___ Yes ___ No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking _____

EMPLOYMENT

(Most Recent First)

1. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any) _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Employee Availability Form (rev. 1/31/2013)

Last Name	Phone #:
First Name	Date:
Last 4 of SS	Signature:

What Position Are You Applying For? **Server** **Host** **Bar** **Kitchen** **Other**

Please Read These Instructions Carefully Before You Begin:

In the Boxes below please check each box that you are available. AM shifts are from 10 until 3pm and Dinner shifts are from 3PM to close. Please note that our business is highly seasonal - **you are being considered for employment in our Spring and Summer Season, which ends September 31st.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

PLEASE NOTE: Your availability is taken into consideration when hiring. Limited availability will not necessarily exclude you from being considered as a potential candidate. If hired, changes in your availability could mean termination of employment.

ALL:	Students:
Health Card: Yes / No	Student: Yes / No
TABC Certified: Yes / No	Return To School Date: _____
Will Work Holidays? Yes / No	Summer School: Yes / No
	Summer School Dates: _____