



# Capitol Area Employment Application

Please complete all 3 pages.

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

Position seeking \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you legally eligible for employment in the United States?                       Yes                       No

Have you ever applied for or been employed by Fresh City or Souper Salad or any affiliates?

Yes  No If yes, which location (s)? \_\_\_\_\_

Do you have any family members who are current or former Team Members?                       Yes                       No

If Yes, Who and Where? \_\_\_\_\_

How did you hear about us? (Newspaper, current employee, give name)

\_\_\_\_\_

What is your favorite restaurant and why? \_\_\_\_\_

\_\_\_\_\_

Do you have any employment related certifications pertaining to position desired?                       Yes                       No

If yes, which one (s)

\_\_\_\_\_

Do you have reliable transportation?                       Yes                       No

Having received a copy of the job description, can you perform the essential functions of the job either with or without a reasonable accommodation?                       Yes                       No

Have you ever been convicted of a felony?                       Yes                       No \_\_\_\_\_

*(Please note that a prior conviction of a crime is not an automatic bar to employment.)*

\_\_\_\_\_

### Availability:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In							
Out							
# of Hours							

\_\_\_\_\_

**Education:**

College/University: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major \_\_\_\_\_  
 High School: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major \_\_\_\_\_  
 Other: \_\_\_\_\_

**References:**

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

**Employment Experience: PLEASE DO NOT WRITE 'SEE RESUME'**

**1)** Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
 If still employed, may we contact? \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Reason for leaving:  Voluntary  Involuntary State reason: \_\_\_\_\_

**2)** Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
 If still employed, may we contact? \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Reason for leaving:  Voluntary  Involuntary State reason: \_\_\_\_\_

**3)** Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
 If still employed, may we contact? \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Reason for leaving:  Voluntary  Involuntary State reason: \_\_\_\_\_

**4)** Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
 If still employed, may we contact? \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Reason for leaving:  Voluntary  Involuntary State reason: \_\_\_\_\_

**Applicant Acknowledgement:**

Capitol Fresh is committed to ensuring equal treatment for all applicants. We consider all applicants based strictly on merit. Capitol Fresh is committed to a discrimination and harassment free work environment. We are an equal opportunity employer and do not discriminate on the basis of race, color, gender, religion, age, sex, sexual orientation, national or ethnic origin, disability, marital status, veteran status, or any other occupationally irrelevant criteria.

If extended, employment by Capitol Fresh is at-will. Employment can be terminated at the will of either party. The completion of this application in no way constitutes a written contract for employment.

All applicants who are offered employment by Capitol Fresh will be required to present documentation verifying authorization to work in the United States. Documentation will be required prior to your first day of employment. This requirement is in accordance with the Immigration Reform & Control Act of 1986.

Please complete application completely. Failure to do so may result in your application not being given full consideration.

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**Release of Information Authorization:**

I hereby authorize any agent or other authorized representative of Capitol Fresh bearing this release, or copy thereof, within one year of its date, to obtain any information in your possession pertaining to my personal character, employment records, military records, educational records (including but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records), and criminal history. I hereby direct you to release such information upon request to the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of Capitol Fresh. I hereby release you, as the custodian of such records of any and all liability from damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

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**Certification:**

I have read and agree to the above printed information. I certify that the information provided by me in this application is true and correct to the best of my knowledge. I understand that falsifying or omitting information is grounds for not being considered for employment or for retraction of an extended job offer, or dismissal if hired.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME

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**FAX THIS APPLICATION TO: 301-299-7810**  
**QUESTIONS: 800-380-6647, ext. 3**