



YELLA

EMPLOYMENT APPLICATION

NAME:

LAST

FIRST

MIDDLE

DATE:

ADDRESS:

HOW LONG?

TELEPHONE NUMBER:

SSN:

IF UNDER 18, PLEASE LIST AGE:

POSITION APPLIED FOR:

DESIRED SALARY:

DAYS AVAILABLE TO WORK:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW MANY HOURS CAN
YOU WORK WEEKLY?

ARE YOU ABLE TO WORK
BOTH DAYS AND NIGHT?

TYPE OF EMPLOYMENT DESIRED?

FULL-TIME	PART-TIME	EITHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHEN CAN YOU START?

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS



YELLA

EMPLOYMENT APPLICATION

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

PLEASE LIST ANY OTHER SKILLS OR TRADES YOU WOULD LIKE US TO KNOW ABOUT:

WORK EXPERIENCE

ON THE FOLLOWING PAGES, PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.



YELLA

EMPLOYMENT APPLICATION

WORK EXPERIENCE

NAME OF EMPLOYER:

TELEPHONE NUMBER:

ADDRESS:

CITY

STATE

ZIP

NAME OF SUPERVISOR:

EMPLOYMENT DATES

FROM:

TO:

PAY OR SALARY

START:

FINAL:

YOUR LAST JOB TITLE:

REASON FOR LEAVING:

LIST THE DUTIES PERFORMED WHILE AT THIS COMPANY:



YELLA

EMPLOYMENT APPLICATION

WORK EXPERIENCE

NAME OF EMPLOYER:

TELEPHONE NUMBER:

ADDRESS:

CITY

STATE

ZIP

NAME OF SUPERVISOR:

EMPLOYMENT DATES

FROM:

TO:

PAY OR SALARY

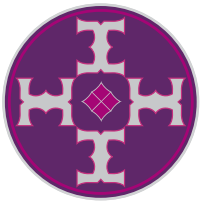
START:

FINAL:

YOUR LAST JOB TITLE:

REASON FOR LEAVING:

LIST THE DUTIES PERFORMED WHILE AT THIS COMPANY:



YELLA

EMPLOYMENT APPLICATION

WORK EXPERIENCE

NAME OF EMPLOYER:

TELEPHONE NUMBER:

ADDRESS:

CITY

STATE

ZIP

NAME OF SUPERVISOR:

EMPLOYMENT DATES

FROM:

TO:

PAY OR SALARY

START:

FINAL:

YOUR LAST JOB TITLE:

REASON FOR LEAVING:

LIST THE DUTIES PERFORMED WHILE AT THIS COMPANY:



YELLA EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by CSB Restaurant Group dba Yella, hereinafter called "Yella" I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in 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 contract of employment, or to confer any right to remain an employee of Yella, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of Yella. Both the undersigned and Yella may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Yella 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 Yella permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Yella from any liability as a result of such contract.

I also understand that (1) Yella has a drug and alcohol policy that may provide 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, Yella 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, Yella, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Yella shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Yella is terminable at will for any reason by either party.

SIGNATURE OF APPLICANT:

DATE:

Yella 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 Yella depends solely on your qualifications.

Thank you for completing this application form &
FOR YOUR INTEREST IN OUR BUSINESS