

APPLICATION FOR EMPLOYMENT

SME, Inc.

As an Equal Opportunity Employer, Sme, Inc., a Steakhouse Chain,

dba TEXAS CORRAL

does not discriminate in hiring or terms of employment because of an individual's race, creed, color, sex, age, national origin, ancestry, disability or religion.

GENERAL INFORMATION

Date of Application _____ Position Desired _____

Have you filed any application or worked here before? ____ Yes ____ No

PERSONAL INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE _____ **SOCIAL SECURITY No.** _____

OTHER INFORMATION

* Have you ever worked for another steakhouse chain before? ____ Yes ____ No

* Are you legally eligible to work in the United States? ____ Yes ____ No

* Are you available to work: ____ Nights ____ Weekends ____ Holidays ____ Days

* Are you over 18 years of age ____ Yes ____ No (If not, employment is subject to verification of minimum legal age.)

* Are you 21 years of age or older? ____ Yes ____ No (This establishment does or may serve alcoholic beverages)

* Have you been convicted of a crime involving personal injury or the theft of property? ____ Yes ____ No
If yes, describe in full, including date(s) _____

* Are you a veteran? ____ Yes ____ No If yes, what branch of military service _____ Rank _____

PERSONAL REFERENCES

Please give name, address, and phone number of three references not related to you.

1. _____

2. _____

3. _____

EDUCATION

SCHOOL	NAME and LOCATION of SCHOOL	Years Completed	Did you Graduate	Degree Diploma
College				
High School				
Elementary				
Other				

EMPLOYMENT HISTORY

LAST EMPLOYER --- YOUR LAST NAME WHEN YOU WORKED FOR THIS EMPLOYER

Company	Employed from	Position Held	Starting Wage
Address	Employed	Department	Ending Wage
Reason for leaving		Supervision	

NEXT PREVIOUS EMPLOYER ---- YOUR LAST NAME WHEN YOU WORKED FOR THIS EMPLOYER

Company	Employed from	Position Held	Starting Wage
Address	Employed	Department	Ending Wage
Reason for leaving		Supervisor	

NEXT PREVIOUS EMPLOYER ---- YOUR LAST NAME WHEN YOU WORKED FOR THIS EMPLOYER

Company	Employed from	Position Held	Starting Wage
Address	Employed	Department	Ending Wage
Reason for leaving		Supervision	

Applicant's Statement

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment. I hereby authorize anyone of whom request is made to supply SME, Inc. any information concerning my background in connection with my being considered for employment with the Company. I hereby release all parties, including but not limited to, the Company, my personal references and my previous employers, from any and all liability for any injury or damage that may result from the furnishing information to the Company concerning me or any action the Company takes on the basis of such information.

I understand that this application is not and is not intended to be a contract of employment

I also understand that this application will be valid for only 90 days and that I may re-apply thereafter

In event of employment, I understand that

- (a) I am required to and agree to abide by all Company rules and regulations as condition of employment
- (b) my employment is at-will and is for no definite period of time, and as such, either the Company or I may terminate the employment relationship with or without cause at any time
- (c) this application is not a contract of employment; a
- (d) misrepresentation or omission of facts on this application is cause for immediate dismissal

Signature of Applicant

Date