



RAM INTERNATIONAL

RAM RESTAURANTS • C.B. & POTTS • MURPHY'S • C.I. SHENANIGANS • SONRISA
APPLICATION FOR EMPLOYMENT

The Ram Family of restaurant companies are equal opportunity employers, and are dedicated to a policy of non-discrimination in employment on any protected basis including race, color, age, sex, religion, national origin, the presence of any disability or any other basis protected by federal or state law. Ram International is a restaurant management company that serves as an agent for the Ram Family of restaurant companies.

GENERAL INFORMATION

NAME _____
(Last)
(First)
(Middle)

CURRENT ADDRESS No & Street _____ City, State, Zip _____ Telephone _____ How long there? _____	PREVIOUS ADDRESS (If within the last five years): No & Street _____ City, State, Zip _____
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REFERRAL SOURCE: Newspaper Friend Relative Employee School Employment Agency State Agency Other _____

POSITIONS

Employment Position (s) Applied for:

	YES	NO		YES	NO	
Host/Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____	Are you available to work weekends and Holidays?	<input type="checkbox"/>	<input type="checkbox"/>
Sales (Bartender)	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>
Sales (Server)	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____	Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>
Server Assistant (Bus Person)	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____	Will you accept full-time work?	<input type="checkbox"/>	<input type="checkbox"/>
Cook/Chef	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____			
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____	First date available for work?	_____	
Manager/Leader	<input type="checkbox"/>	<input type="checkbox"/>	Number of years experience _____			

PERSONAL

	YES	NO		YES	NO
Do you have a legal right to work in this country?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a food handlers card?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a servers permit to serve liquor responsibly (TIPS or Bars Code certified)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience in salesmanship?	<input type="checkbox"/>	<input type="checkbox"/>	Other names under which you have been employed _____		
If applying for a position requiring you to serve alcoholic beverages, are you old enough to legally serve alcohol in this state?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Have you ever worked for our company before?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have relatives working for our company?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state location and date _____			If yes, name and location _____		

QUESTIONS

Describe in your own words "What is a successful team member"? _____

What is the definition of gracious hospitality? _____

What is an accomplishment or achievement you are most proud of? _____

LEGAL HISTORY

	YES	NO		YES	NO
Have you been convicted of a misdemeanor in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to either question, please explain and give date(s), place and an explanation. _____

Criminal convictions are not an absolute bar to employment, but will be considered in relation to the position.

EDUCATION

Name	City-State	Last Grade Completed

HIGH SCHOOL _____

COLLEGE (Undergraduate) (If any) _____

	YES	NO	
Are you a continuing student?	<input type="checkbox"/>	<input type="checkbox"/>	

May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
1	Name & Address of Company	Type of Business	Reason for Leaving		Date Started Mo. Yr.
Telephone	Position Title	Supervisor	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	Date Ended Mo. Yr.
Describe work you did (task, responsibilities, projects)					
2	Name & Address of Company	Type of Business	Reason for Leaving		Date Started Mo. Yr.
Telephone	Position Title	Supervisor	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	Date Ended Mo. Yr.
Describe work you did (task, responsibilities, projects)					
3	Name & Address of Company	Type of Business	Reason for Leaving		Date Started Mo. Yr.
Telephone	Position Title	Supervisor	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	Date Ended Mo. Yr.
Describe work you did (task, responsibilities, projects)					

PERSONAL REFERENCES Not former employers or relatives		
Name	Address	Telephone

AFFIDAVIT - PLEASE READ BEFORE SIGNING

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination of employment. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of these subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize you to request, receive, and verify all information given on this application, and I release you from all liability for any damages that may result from your doing so. I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer. I agree to conform to the rules and regulations of the employer. I acknowledge and agree that my employment and compensation can be modified or terminated at any time with or without cause and with or without notice at the option of either the employer or me. I understand that no manager or representative of the employer (other than the owners) has any authority to enter into any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.

Printed Name: _____ Date: _____

Applicant's Signature _____

This application will remain active for 60 days, after which time applicant must submit another application to be considered for other job openings.

AGREEMENT FOR ARBITRATION - PLEASE READ BEFORE SIGNING

The below signed applicant ("Applicant") has applied for employment with Ram International and its affiliated companies (hereinafter, collectively, the "Company"). As consideration for employment, the Company requires all applicants to sign this Agreement for Arbitration to submit all future claims against it, regardless of whether Applicant is employed by the Company, to binding arbitration in accordance with the terms hereof.

Therefore, Applicant agrees that any claim or dispute against the Company or any of its employees or agents, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes, or claims of discrimination or sexual harassment, any claim that could be subject to a class action, and all disputes about the validity of this Agreement for Arbitration, shall be resolved by neutral binding arbitration in accordance with the American Arbitration Association under its Code of Procedure in effect at the time any claim is made. Applicant agrees not to join or participate in a class action or representative action, act as a private attorney general or a representative of others, or otherwise consolidate his/her claim(s) with the claims of others. Notwithstanding the foregoing, this Agreement shall not apply to claims for unemployment benefits and criminal complaints, nor shall it apply to claims by the Company for injunctive relief.

Each party shall pay its own costs of arbitration, except that the Company agrees to pay for the arbitration hearings to a maximum of three (3) days. Fees paid are subject to the award of fees, as provided by law and arbitration rules.

This Agreement is subject to the Federal Arbitration Act and any award of the arbitrator may be entered as a judgment in any court of competent jurisdiction. This Agreement shall survive the termination of Applicant's employment. It can only be revoked or modified by a writing signed by the Company which specifically states its intent to revoke or modify this Agreement. This Agreement is not, and shall not be construed to create any contract of employment, express or implied. Nor does this Agreement in any way alter the "at-will" nature of the employment relationship, which either party remains free to terminate at any time for any reason.

APPLICANT FULLY UNDERSTANDS THAT ABSENT THIS AGREEMENT, HIS/HER LEGAL CLAIMS WITH RAM INTERNATIONAL OR ITS AFFILIATED COMPANIES COULD BE RESOLVED THROUGH THE COURTS AND A JURY, BUT APPLICANT EXPRESSLY AGREES TO FOREGO THE TRADITIONAL LITIGATION SYSTEM IN FAVOR OF BINDING ARBITRATION. BY ENTERING INTO THIS AGREEMENT, APPLICANT KNOWINGLY AND VOLUNTARILY WAIVES ANY AND ALL RIGHTS HE/SHE HAS UNDER LAW TO A TRIAL BEFORE A JURY.

Applicant acknowledges that he or she has entered into this Agreement voluntarily without any threat or coercion by anyone, and that he/she has been given the opportunity to discuss this Agreement with his or her legal counsel. If any one or more of the provisions in this Agreement for Arbitration shall be found to be invalid or unenforceable for any reason, the validity, legality and enforceability of the remaining provisions shall not be affected.

Applicant agrees that any award made by an arbitrator shall be binding on both the Company and its assigns, and Applicant and his or her representatives, parents, guardians, assigns, beneficiaries, spouse, children and heirs.

Printed Name: _____ Date: _____

Applicant's Signature _____