



# HOULIHAN'S

## RESTAURANT + BAR

### Work Experience

Employer:			Supervisor:		
Address:					
City:		State/Zip:		Telephone: ( )	
Starting Position:		Starting Wage:		Month/Year Began:	
Duties:		Ending Position:		Final Wage:	
Month/Year Ended:					
Reason for Leaving:					

If currently employed, may we contact your employer? Yes  No

Employer:			Supervisor:		
Address:					
City:		State/Zip:		Telephone: ( )	
Starting Position:		Starting Wage:		Month/Year Began:	
Duties:		Ending Position:		Final Wage:	
Month/Year Ended:					
Reason for Leaving:					

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Starting Position:		Starting Wage:		Month/Year Began:	
Duties:		Ending Position:		Final Wage:	
Month/Year Ended:					
Reason for Leaving:					

I hereby give Houlihan's Restaurants, Inc. permission to contact all of my references for information. \_\_\_\_\_ (Initials)

If hired, I hereby agree to abide by all policies and rules of Houlihan's Restaurants, Inc. (the Company), including those addressing job-related appearance and grooming standards. I understand that these policies and rules may be amended or revised by the Company at any time and that nothing in this application creates, or will create, an express or implied contract of employment between the Company and me. I acknowledge that the Company has the right to conduct random drug testing and to search its property, such as lockers or desks, at any time without prior notice or permission, and I agree that I will cooperate in any investigation of missing Company property by submitting to a search of my person or property as is consistent with state law. I further understand that refusal to cooperate in such investigation may result in discharge. If I am hired, my employment will be at the sole discretion of the Company and shall be for no definite period of time. The Company may change any wages, benefits and conditions of employment at any time. The Company may terminate my employment at any time, for any reason, with or without cause or notice. Any material misrepresentation on this application may result in immediate termination of my employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_