

# APPLICATION FOR EMPLOYMENT

## BOJ OF WNC, LLC.

### BOJ OF WNC IS A DRUG-FREE WORKPLACE

PLEASE COMPLETE FRONT AND BACK OF THIS APPLICATION.  
SIGNATURE IS REQUIRED ON BOTH SIDES OF APPLICATION. PLEASE PRINT PLAINLY.

#### PERSONAL

Full Name		
Social Security Number	Telephone Number	
Current Street Address / Length of time _____ (Years)		
City	State	Zip
Previous Street Address / Length of time _____ (Years)		
City	State	Zip
Have you ever been convicted for any violation of the law other than minor traffic violations? YES NO If "YES", please explain:		
Are you authorized to work in the U.S.? YES NO		
If you are under 18 years of age, do you have a work permit? YES NO		
How were you referred to BOJ of WNC, LLC? AD AGENCY CURRENT BOJANGLES' EMPLOYEE OTHER		

#### EMPLOYMENT

*Please complete the following information regarding your employment history, begin with last position. Please list all jobs. If additional space is needed, please attach a second page.*

DATE STARTED	DATE ENDED	EMPLOYER NAME AND EMPLOYER PHONE #	POSITION/DUTIES	SUPERVISOR	WAGES	REASON FOR LEAVING

Have you previously been employed by Bojangles? YES NO *If YES, please complete the following:*  
Location Dates of Employment Supervisor Reason for Leaving

Date available to begin work: Number of hours desired per week:

*Please indicate below the days and times you are available for work.*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

#### EDUCATION

	NAME/ADDRESS OF SCHOOL	# YEARS ATTENDED	MAJOR/MINOR	DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER				

To assist us in assessing your candidacy, use the space below to summarize any additional information necessary to describe your full qualifications. If you have a resume, please attach it to the application.

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Please read the following before signing this application:

I verify that the information provided on this application is true, complete and accurate. I agree that BOJ of WNC, LLC may investigate all of the statements made on this application and that any misrepresentation or omission is cause for dismissal. I understand that no employee, manager or other agent of BOJ of WNC, LLC has any authority to enter into any agreement for employment for any specified period of time unless such agreement is in writing and signed by the President of BOJ of WNC, LLC. I further understand that in the absence of such an agreement, employment can be terminated with or without cause by BOJ of WNC, LLC or me at any time.

Signature	Date
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# BOJ of WNC, LLC

## **DRUG SCREENING CONSENT AND AUTHORIZATION** **ALL APPLICANTS FOR EMPLOYMENT MUST SIGN**

BOJ of WNC, LLC (the "Company") strives to maintain a work environment that is safe and conducive to high work standards for its employees and others having business with the Company. As part of these commitments, the Company has adopted a drug-free workplace policy. Our goal will continue to be one of establishing a work environment that is free from the effects of substance abuse.

Pursuant to the goals, the Company requires that you, if you are a final, external applicant for the position for which you are applying, submit to a urinalysis for drugs and drug metabolites. The urinalysis will be conducted by an authorized testing facility and you must authorize the release of the urinalysis report result to the Company. These results will be used solely to evaluate your eligibility for employment with the Company and will be kept confidential. Refusal to sign this authorization or to submit to the urinalysis will render you ineligible for further employment consideration.

Further, upon selection for employment by the Company, you hereby agree to comply with all terms of the Company's Substance Abuse and Drug Testing Policy (the Policy), specifically the following: **I will read the Policy which is available to me upon request. I agree to submit to drug testing according to the Company's policy. I understand that failure to comply with a drug testing request will lead to termination of employment. I understand that the policy may be amended at the Company's discretion. I hereby release the Company, its officers, employees and agents from any and all liability whatsoever as a result of taking drug tests and the transmitting and utilization of the results and opinions thereof.**

I, the undersigned, have read and understand this document and hereby authorize the release of the results of the urinalysis to the Company for the above stated purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If applicant is a minor, a parent or guardian must complete the following:

\_\_\_\_\_  
Signature of parent or guardian:

\_\_\_\_\_  
Date

## **BOJ of WNC, LLC** **BACKGROUND CHECK RELEASE** **ALL APPLICANTS MUST SIGN**

I hereby authorize General Information Systems, Inc. (GIS) to verify my present and previous employment information, including salary, performance, attendance, and warning notices. I further authorize GIS to verify my past and present driving records, education records, credit history, and professional credentials. I also authorize GIS to perform a criminal record search.

I understand that GIS does not guarantee the accuracy or timeliness of the information obtained from other sources and that GIS shall not be liable for any inaccuracy in the information obtained from other sources that is included in the GIS report. Further, I authorize my current and former employers, as well as appropriate agencies, to provide such information to GIS. I hereby release and hold harmless GIS on account of its collection of such information in connection with my GIS report and acknowledge that GIS does not participate in any decisions concerning my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If applicant is a minor, a parent or guardian must complete the following:

\_\_\_\_\_  
Signature of parent or guardian:

\_\_\_\_\_  
Date

