



in the box®

DRUG TESTING & ARBITRATION AGREEMENT NOTICE TO ALL APPLICANTS

Northwest Group, Inc. promotes a drug-free work environment. If a job offer is extended to you, you may be required to submit to and pass a drug and/or alcohol test for the abuse of illegal substances prior to being hired.

All employment with Northwest Group, Inc. is conditioned upon your agreement to submit any claims or controversies arising out of your employment to arbitration pursuant to the NGI Dispute Resolution Agreement. Signing of this application constitutes agreement to NGI Dispute Resolution Agreement.

Employment Application

Personal

DATE HOMEPHONE ()

LAST NAME

FIRST MIDDLE

STREET ADDRESS

CITY

STATE ZIP CODE

Last 4 digits of your Social Security Number

Are you over 18 years of age? Yes No

If "No", state your date of birth: MONTH DAY YEAR

If hired can you provide proof of eligibility to work in the United States prior to your start date? Yes No

Person to be contacted in case of an emergency:
Name Phone

NGI hires only U.S. citizens and lawfully authorized alien workers. Your name and social security number may be verified with the Social Security Administration. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or a disability which may be reasonably accommodated.

THIS BOX FOR COMPANY USE ONLY

DATE HIRED HOURLY PAY \$

SHIFT HIRED FOR FIRST DAY WORKED

RESTAURANT NO.

POSITION HIRED FOR

Availability

What led you to contact us for employment?

Date available for employment: MONTH DAY YEAR

Position(s) desired:

Total hours available per week
(Total hours scheduled are at the discretion of management)

HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you seeking seasonal employment? Yes No If yes, for how long? FROM: TO:

If hired is there anything that may prevent you from reporting to work each scheduled day on time? Yes No If yes, please explain:

Miscellaneous

Have you previously worked for Northwest Group? Yes No If yes, dates:

If yes, was it a company restaurant? Yes No FROM TO

Reason for leaving

Location Name of Immediate Supervisor

Do you have family/relatives that work for JACK IN THE BOX? Yes No
If yes, please state their name, relationship to you and where they work.

Are you able to perform all the essential functions of the job for which you are applying with or without accommodation? Yes No

If hired, do you agree to abide by the safety rules of the company? Yes No

Have you ever been denied a driver's license, or had your license revoked or suspended? Yes No
If yes, please explain:

Education

High School name and location No. of years attended

Graduated? Yes No GED

College name and location No. of years attended

Graduated? Yes No

Technical name and location No. of years attended

Graduated? Yes No

Are you currently enrolled in school? Yes No
If yes, please give name and location.

WorkHistory

Have you ever worked before? Yes No

Begin with your most recent employer and account for your last three jobs or the last 7 years, whichever is shorter. If you worked under a different name, please indicate.

1 Employer's Name
Street Address
City State Zip Code
Phone () Dates of employment (Month/Day/Year)
FROM TO
Position/Duties Full Time Part Time Name of Immediate Supervisor
Reason for Leaving Hourly Pay Starting
Present/Final

2 Employer's Name
Street Address
City State Zip Code
Phone () Dates of employment (Month/Day/Year)
FROM TO
Position/Duties Full Time Part Time Name of Immediate Supervisor
Reason for Leaving Hourly Pay Starting
Present/Final

3 Employer's Name
Street Address
City State Zip Code
Phone () Dates of employment (Month/Day/Year)
FROM TO
Position/Duties Full Time Part Time Name of Immediate Supervisor
Reason for Leaving Hourly Pay Starting
Present/Final

Company Use Only Do not write below.

Interviewer 1	Interviewer Guide
<input type="text"/>	<input type="text"/>
Results	<input type="text"/>

Date

Comments

Interviewer 2	Interviewer Guide
<input type="text"/>	<input type="text"/>
Results	<input type="text"/>

Date

Comments

Applicant Signature

Please read the following paragraphs very carefully before signing this application.

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, may cause termination of my employment, regardless of when discovered. You are hereby authorized to investigate all the statements made in this application, except for any information about disability and medical conditions or treatment, which is prohibited by the Americans with Disabilities Act.

No offer of employment is official until I successfully complete the new hire process.

I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me. Employment is subject to the NGI Dispute Resolution Agreement.

Applicant's Signature

Date