## **Employment Application**

P.O.Box 30120, Grand Cayman KY1-1201 Cayman Islands; (345) 945-5304;

## **POPEYES**

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Date of application _	/_	/_	

Please send completed application form to HRDept@bk.com.ky

Popeye's

Name (Last)		(First)		(Middle)							
Nationality:						Male		Fe	male		
Home Address		City	Coun	ntry			Postal	Code			
Cell number		Business phone	Email:								
Name and pho	ne no. of pe	erson to be notified for emergency:									
Position Applyi Date Available	ng For:		Days and hours Available. Complete if	Day	Mon	Tue	Wed	Thu	Fri	Sat	Su
-	ted in (che	ck all that apply):	applying for restaurant opposition.	From							<del>                                     </del>
( ) Full-Time (	) Part-T	ime ( ) Temporary ( ) Summer		То							
Date of Birth: (DD/MM/YY) What was your age on y			ast Birthday?		Can you lift 50 pounds? ( )Yes ( ) No						
Education											
Type of School		Name and Location of School				Degree/Area of Study		Number of Years Attended		Graduated (Check One	
High School	Name: City:	Address: Country:		Zip:				Yes ()	No		
	Name:	Address:		Σιρ.						<del>- ` '</del>	No
College	City:	Country:		Zip:	:					()	( )
Graduate	Name:	Address:								Yes	No
School	City:	Country:	Zip:							()	( )
Other	Name:	Address:								Yes	No
	City:	Country:		Zip:	:					( )	( )
Special Ski	lls										
Typing Speed		Shorthand or Speedwriting	CRT		PC Software / Other Equipment						
wpm		wpm	(Strokes/ Ho	lour)							
Legal											
If not a Cayma		ou have Legal or Rights and neces					Islands	s?()Y	( ) N.		
Were you ever Reason for Dis		ed by any company? ( ) Y ( ) N. If y	yes, give name of (	Compar	ny(ies)					_	
Have you ever									-		

Employment Histor	y
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<b>Employm</b>	ent misto	ory							
Lis	st of employ	_	with your most recent pollease indicate if you were	•			r?()Ye	s ( ) N	0.
DATES	DATES NAME A		AME AND ADDRESS OF EMPLOYER			List Major Duties		ry Or ages	Reason for Leaving
From: Month_	Company I	ompany Name:			Your Job Title		Starting pay		
Year To:	Address		City	Country	Supervisor		Final pay		
Month Year	Phone ( )				·			. ,	
From: Month	Company I	Name:			Your Job Title		Starting pay		
Year To:	Address		City	Country	Supervisor		Final pay		
Month Year	Phone ( )								
From: Month	Company I	Name:			Your Job Title		Startin	ig pay	
Year To:	Address		City Cour		Supervisor		Final pay		
Month Year_	Phone ( )								
Reference	s								
Business refe	ences: ( do ı	not list relative	es) ( Please indicate if yo	u were employe	ed under a diffe	rent name)			
NAN	ИE		ADDRESS		PHONE #	TITLE		YEA	RS KNOWN
					( )				
					( )				
					( )				
Please rea	d careful	ly							
previous emplo release anyone In the event of termination. I u understand and that this applica I have read and	yment, gener so authorized employment, nderstand, all agree that if ation and/or a reviewed the	al reputation, ed, and any 3rd pal, and any 3rd pal I understand the so, that I am recemployed, the eny other documents job description	nt, I understand that an inventional background, and arty company from all liabil at false or misleading information and the same are not contracts or each of the position for which I conable accommodation, designed.	d/or criminal histo ity and damages w mation given in m and regulations. ". I understand th mployment. am applying. I und	ry. I authorize any whatsoever in furr y application or in at receipt of this a	yone possessing nishing. obtaini terview(s) may application doe	g this info ng or usi result in s not imp	ormation ng said i immed oly empl	n to furnish it. I nformation. iate I oyment and

Date: \_\_\_\_/\_\_\_ dd/mm/yy

Signature \_\_\_\_