

REFERENCE

List one person unrelated to whom we may contact for information concerning qualifications.

Name:		Phone Number:		Relationship:	
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EMERGENCY CONTACT

List one person to whom we may contact in an emergency situation.

Name:		Phone Number:		Relationship:	
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APPLICANT'S CERTIFICATION, AGREEMENT & AGREEMENT

I **AUTHORIZE** my former employers to release any information they may have concerning my employment record and I release the State of New Jersey and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I **CERTIFY** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

I **UNDERSTAND** that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

I **UNDERSTAND** that staff employees, of Duffer's Restaurant serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, or than a reason prohibited by law.

Signature: _____ Date: _____