



## APPLICATION FOR SONIC DRIVE-IN EMPLOYMENT

Applicants will receive consideration without regard to race, color, religion, national origin, ancestry, sex, age, disability, military status or any other legally protected status or characteristic. The Drive-in provides reasonable accommodation for qualified individuals with a disability, in accordance with the Americans with Disabilities Act and applicable state and local laws. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact the Drive-in's management in order to arrange such accommodation.

\*\*\*Please Print\*\*\*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ How long at this address? \_\_\_\_\_

1<sup>st</sup> Contact Number: ( ) \_\_\_\_\_ 2<sup>nd</sup> Contact Number: ( ) \_\_\_\_\_

Are you at least 16 years of age?  Yes  No *Note: If you are under 18 years of age, proof of age or work permit may be required.*

Position Desired (check one):  Carhop  Skating Carhop  Crew  Management Pay desired: \_\_\_\_\_

Person to notify in case of emergency (Name and Phone Number): \_\_\_\_\_

At what Sonic Drive-in are you completing this application? \_\_\_\_\_

Referral Source:  Walk-in  Newspaper  Online  Agency  Career Fair  Employee: \_\_\_\_\_

Date Available to Start Work: \_\_\_\_\_ Total Hours Available Per Week: \_\_\_\_\_

Please fill in the hours each day that you are available to work.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

Have you ever worked for a Sonic Drive-in before?  Yes  No  
If yes, please list dates of employment and location(s) worked: \_\_\_\_\_

If a job is offered, will you be able to provide legal verification of your eligibility to work in the United States?  Yes  No

Have you ever been convicted, pled guilty, no contest or nolo contendere to a felony? \*Note limitations below.  Yes  No

If yes, provide city, county, and state of conviction. Please state in detail the nature of the offense(s), date(s) of occurrence, and sentencing information.  
Enter N/A if this does not apply to you. \_\_\_\_\_

\*LIMITATIONS: You do not need to disclose any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or which state law allows you to lawfully deny, or violations, infractions or summary offenses. Please be aware that a criminal conviction will not necessarily be a bar to employment and will be considered as it relates to the job in question. Failure to honestly and completely answer this question (other than as described below) will result in discontinued consideration your application or termination of employment. If you are a candidate residing or applying in the following states, note the limitations on the scope of this inquiry below:

- CALIFORNIA: You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program. Do not list any felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.
- CONNECTICUT: You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolloed, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.
- MASSACHUSETTS: You may answer "no" to the above if you have a sealed record on file with the commissioner of probation with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions, or with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.
- WASHINGTON: You may exclude convictions that occurred over ten years ago.

**Educational History**

|             | Name of School | City and State | Number of Years | Graduate Yes or No | Degree Completed/<br>Courses Taken |
|-------------|----------------|----------------|-----------------|--------------------|------------------------------------|
| High School |                |                |                 |                    |                                    |
| College     |                |                |                 |                    |                                    |
| Other       |                |                |                 |                    |                                    |

**Employment History**

Starting with your CURRENT or most recent employer, state your employment history for the past 7 years. Include military experience. If necessary, attach an additional sheet of paper. If you were employed under a maiden or other name, please list: \_\_\_\_\_

May we contact your current employer?  Yes  No

1. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name, Address, City & State of Company: \_\_\_\_\_

Immediate Supervisor's Name/Telephone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Describe type of work you performed: \_\_\_\_\_

Rate of Pay: Start: \_\_\_\_\_ End: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name, Address, City & State of Company: \_\_\_\_\_

Immediate Supervisor's Name/Telephone Number: : \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Describe type of work you performed: \_\_\_\_\_

Rate of Pay: Start: \_\_\_\_\_ End: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name, Address, City & State of Company: \_\_\_\_\_

Immediate Supervisor's Name/Telephone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Describe type of work you performed: \_\_\_\_\_

Rate of Pay: Start: \_\_\_\_\_ End: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**References:** Give name and telephone number (including area code) of three references that are not related to you and are not previous employers.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Certification of Information: Please read carefully and understand this statement before signing your application:**

- I certify that the information I have provided in this application is correct and complete. I understand that false, incomplete or misrepresented information given in my application, resume or during the interview process may result in a refusal to hire or termination of employment.
- I authorize all persons, employers, schools and organizations to give you any job-related information about me. This includes information about my employment record, reason for termination of employment, and work performance. I release all parties from all liability and damages that may result from furnishing this to you.
- This application will expire in 30 days. After that date I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.
- I acknowledge that the owner of this Drive-in reserves the right to amend or modify any of its handbooks or policies at any time and without prior notice. These policies do not create any promises or contractual rights between this employer and its employees. At this independently owned and operated Sonic Drive-in, employment is at will. This means an employee is free to terminate his/her employment at any time, without any reason, with or without cause, and the franchise owner retains these same rights. The owner of this independently owned and operated Sonic Drive-in franchise is the only person who may make an exception to this, and any exception must be in writing, addressed to a particular individual, and signed by the owner.
- I authorize the drive-in to provide information from my records, including dates of employment, salary earned, reasons for leaving employment, and all other information they may have concerning my performance to businesses that I apply to for employment during or after my employment ends with the drive-in. I also release the drive-in's owners and representatives from any liability or claims for damages, including libel, slander, and invasion of privacy, that may result from the disclosure and use of this information.
- I acknowledge that I am applying for employment with an independently owned and operated Sonic Drive-In, a separate company and employer from Sonic Corp. and any of its affiliates.
- Maryland Applicants/Residents:** Under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.
- Massachusetts Applicants/Residents:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_