Employment Application

Please fill out and email or bring to one of our locations

Application for RibMasters Restaurants (Please check one of the following)

☐ RibMasters - Tomball
☐ RibMasters - Whitehouse
☐ RibMasters - Bullard

28155 Tomball Pkwy., Tomball, TX 77375
803A SH 110N, Whitehouse, TX 75791
312 N Houston, Bullard, TX 75757

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____

Best Contact No.: _____

Email: _____

Previous Work History

Recent/Current Employer

Company: _____ Position: _____

Telephone: _____

City/State: _____

Dates Worked: From _____ To _____ Wage: _____

Reason for Leaving: _____

_____

_____

Previous 1

Company: _____ Position: _____

Telephone: _____

City/State: _____

Dates Worked: From _____ To _____ Wage: _____

Reason for Leaving: _____

_____

_____

Previous 2

Company: _____ Position: _____

Telephone: _____

City/State: _____

Dates Worked: From _____ To _____ Wage: _____

Reason for Leaving: _____

_____

_____

References

Name: _____ Telephone: _____

Years Known: _____ Relationship: _____

Name: _____ Telephone: _____

Years Known: _____ Relationship: _____

Name: _____ Telephone: _____

Years Known: _____ Relationship: _____

Authorization

Are you legally able to be employed in the United States of America? YES ____ NO ____

Have you ever been arrested? YES ____ NO ____

If yes, why?

_____

_____

Have you ever been convicted of any felonies? YES ____ NO ____

If yes, why?

_____

_____

_____

Availability

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

Additional Comments:

_____

_____

_____

_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information. I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____ Date: _____