

South Mouth Statement of Values

At South Mouth we are not "winging it" when it comes to our people. Our brood is the most important part of our success. We believe the most important part of our culture and our success begins with those that touch our organization and our guests. We believe in the power of collaboration, recognition, growth, a great work environment and competitive wages. If you think you have what it takes to fly with our flock, print off this application and return to the store Tuesday or Thursday afternoons between 2:00 PM & 4:00 PM.

Dear Applicant:

Welcome to South Mouth Wings. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service via "Southern Hospitality" the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.



South Mouth - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for		Dat	re		
How did you find out about this job?	☐ Newspaper ☐ Employee ☐ Wa	ılk-in □ Relative □ Other	r		
Why are you seeking a new job at this	time?				
Applicant Information	on				
First Name	Middle	Last			
Street Address	Social Security No				
City/State/Zip	Phone ()				
If hired, do you have a reliable means	of transportation to get to work?	Describe			
Are you at least 18 years old?	_ If you are under 18 years of age, ca	an you furnish a work permit	t?		
If the job you are applying for requires	s driving: Driver's License No	State	Expiration Date		
Are you legally eligible for employme	nt in the U.S.? (Proof of U	J.S. citizenship or immigration	on status is required if hired.)		
Have you been convicted of a crime? (M clude marijuana-related convictions that o offense and disposition of the case. Include	ccurred more than 2 years prior to the app	olication date.)	No If yes, state the nature of th		
Are you a veteran?	If yes, give dates of service: F	rom To _			
List any special skills or training:					
Employment Inform	ation				
Are you seeking full time, part time or					
What hours and shift(s) would you pre	efer to work?				
List times you are not available to wor	·k?				
Are you willing to work overtime?	Weekends? Holic	lays?			
Are you currently employed?	If hired, when would you be abl	e to start?			
Have you ever worked for this organiz	ration before? If yes, name	ne used:			
List any friends or relatives employed	by this company:				
Have you ever been discharged or ask	ed to resign from any position?	If yes, please describe	ə:		
If applicable, please refer to the attach tasks with or without reasonable accorperform, and explain what type of acc	nmodation? Please describe w	which tasks, if any, you will r	need accommodation to		
Please describe:					



Education (circle highest level achieved)

•	Secondary: 9 10 11		College: 1 2 3 4 5 6 7 8	
ne of School:				
ation of School:	Location of School:		Location of School:	
f in high school, are you enrolled in a recognized co-op program? Yes f yes, identify program and school:		Yes 🗖 No	Degree & Major:	
		Minor:		
Vork History (please begin wi	th most recent)			
1. Company		Phone No. with Area Code ()		
Address		City/State/Zip		
Dates of Employment: From	To	Salary: Beginning Ending		
Job Title		Supervisor's Name & Title		
Describe duties briefly:				
Specific reason for leaving:				
		Phone No. with Area Code ()		
Address		City/State/Zip		
Dates of Employment: From	To	Salary: Beginning Ending		
Job Title		Supervisor's Na	nme & Title	
Describe duties briefly:				
Specific reason for leaving:				
3. Company		Phone No. with Area Code ()		
Address		City/State/Zip		
Dates of Employment: From	To	Salary: Beginni	ing Ending	
Job Title		Supervisor's Na	ame & Title	
Describe duties briefly:				
Specific reason for leaving:				
4. Company		Phone No. with Area Code ()		
			ing Ending	
			ame & Title	
Describe duties briefly:				
Specific reason for leaving:				
For references purposes: Have you	worked for any of these org	anizations or atten	nded school under a different name?	
If yes, give name and organization(s)				
May we contact the employers listed	l above? If not, list the	e employers you d	o not wish us to contact and why:	



Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time. I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date	
Name (please print)		