



**SONNY'S ENTERPRISES, LLC. EMPLOYMENT APPLICATION**  
Affirmative Action/ Equal Opportunity Employer M / F / D / V

Email to: [ASaab@SonnysDirect.com](mailto:ASaab@SonnysDirect.com) or Fax to: (954) 337-0176

Applicant Information									
Full Name						Date			
Last			First			M.I.			
Social Security #			-			Email Address:			
Address					Apartment/Unit #				
City					State		ZIP		
Phone				Other Phone					
Referral Source		Newspaper <input type="checkbox"/>		Employee Referral (Name)			Web <input type="checkbox"/>		Other <input type="checkbox"/>
Position Applied for				Date Available		Desired Salary		\$	
Are you presently employed?		If yes, may we contact your present employer?							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Reason for Leaving									
Names and relationships of any relatives employed at Sonny's									
Have you ever been convicted, pled guilty, pled "no contest" (or no lo contendere), or had a court withhold adjudication for any crime, felony or misdemeanor?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give details including the type of crime, date of conviction or plea, penalty imposed and any additional information that will provide a full understanding of what occurred. (A conviction will not necessarily disqualify you from employment.)									
Have you ever been arrested or charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary). Note: answering this question is not an automatic bar to employment. We will consider whether the circumstances of the arrest or charge substantially relate to the circumstances of the particular job sought, and other considerations allowed by law. Again, please be advised that a misstatement or omission in answering this question may be grounds for disciplinary action, including discharge.									
Have you ever been sued in a civil action with regard to the death of or personal injury or intentional damage to any person or to any property?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g. settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).									
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently engaged in using illegal drugs?								YES <input type="checkbox"/>	NO <input type="checkbox"/>



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Education									
High School			Address:						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Grade Completed		
College			Address:						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other			Address:						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References									
<i>Please list three professional references.</i>									
Full Name			Relationship:						
Company			Address:			Phone			
Address									
Full Name			Relationship:						
Company			Address:			Phone			
Address									
Full Name			Relationship:						
Company			Address:			Phone			
Address									

Previous Employment									
<i>Please list all employment beginning with your present job or last job held.</i>									
Company			Address:			Phone			
Address			Supervisor						
Job Title			Starting Salary		\$	Ending Salary		\$	
Responsibilities									
From		To	Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company			Address:			Phone			
Address			Supervisor						
Job Title			Starting Salary		\$	Ending Salary		\$	
Responsibilities									
From		To	Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company			Address:			Phone			
Address			Supervisor						
Job Title			Starting Salary		\$	Ending Salary		\$	
Responsibilities									
From		To	Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			



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Previous Employment (continued)

Company Phone
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving
May we contact your previous supervisor for a reference? YES NO

Company Phone
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch From To
Rank at Discharge Type of Discharge
If other than honorable, explain

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by Sonny's may be withdrawn or my employment may be terminated.

Signature Date

Thank you for filing out an application with Sonny's Enterprises. Please make sure this application is filled out in its entirety and Signed. If it is not, this application will become null and void.

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**CONDITIONS OF EMPLOYMENT**

Please read the following Conditions of Employment carefully and initial in the blanks:

\_\_\_\_\_ I hereby authorize Sonny's Enterprises, its employees, agents and independent contractors to conduct an investigation into my background for the purpose of evaluating my qualifications for employment. I agree that Sonny's Enterprises, its employees, agents and independent contractors may request information from former employers, educational institution, business and professional organizations, credit bureaus, local, state and federal law enforcement agencies, individuals with whom I have been associated, and with any others who may have information regarding my competence, character of qualifications, and any and all other sources considered appropriate by Sonny's Enterprises.

\_\_\_\_\_ I hereby release Sonny's Enterprises, its employees, agents and independent contractors from any liability for their action in investigating, considering, and evaluating my competency, character and qualifications, and I further release from any liability all individuals and organizations who provide information concerning my competence, character, qualifications and other applicable information for employment with Sonny's Enterprises.

\_\_\_\_\_ I understand that nothing in this application is intended to create a promise of employment for any period of time or any contractual duty to me. I further understand that any misrepresentation, falsifications, or other background information may disqualify me from further consideration as a candidate for employment with Sonny's Enterprises.

\_\_\_\_\_ As part of Sonny's Enterprises' effort to provide a safe and healthy work environment for employees, Sonny's Enterprises may test employment applicants for the presence of controlled substances. I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result.

\_\_\_\_\_ I affirm that any statements and information contained herein are true. I have not knowingly falsified or withheld any facts or circumstances that, if disclosed, would adversely affect my application for, or employment with Sonny's Enterprises. I understand that such falsification or withholding, no matter when it is discovered is grounds for my application to be rejected or my immediate termination if I am employed.

I have read, understand, and agree to the conditions of employment listed above. In the event of my employment, I understand that I will receive a copy of the conditions of my employment and will pledge to preserve in confidence any information concerning the business of Sonny's Enterprises. and its customers which comes to my knowledge through my position.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sonny's Enterprises. and me either for employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding upon Sonny's Enterprises unless made in writing by an officer or designated Human Resource Representative of Sonny's Enterprises.

If employment relationship is established, I understand that I am an employee at will which means I have the right to terminate my employment at any time, and the Sonny's Enterprises. has the same right to terminate my employment at any time.

<b>Signature</b>	<b>Date</b>
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**APPLICANT FLOW DATA SHEET**

The information requested below is used to evaluate Sonny's Enterprise's affirmative action programs and is NOT used considering you for employment. Identifying yourself or choosing not to identify yourself in any of these categories listed below will not result in any adverse employment decision. We are requesting this information in order to comply with federal and state laws, rules and regulations. This information is confidential and will be maintained separately from your application and other personnel files and will be used by Sonny's Enterprises only for evaluating applicant flow data. We would therefore appreciate your cooperation in completing the voluntary information below.

<b>Social Security #</b>		<b>Application Date</b>	
<b>First Name</b>		<b>Last Name</b>	
<b>Position Applying For</b>			
<b>RACE</b>			
<b>Please indicate one or more races that apply among the following:</b>			
<input type="checkbox"/>	<b>Hispanic or Latino (HIS):</b> Persons of Mexican, Puerto Rican, Cuban, Latin American, Portuguese or other Spanish Culture or origin, regardless of race.		
<input type="checkbox"/>	<b>African American (B):</b> A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/>	<b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.		
<input type="checkbox"/>	<b>Asian American (AA):</b> A person having origins in the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam		
<input type="checkbox"/>	<b>Caucasian (W):</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa		
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands		
<b>SEX</b>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>	
<b>VETERAN STATUS</b>			
<b>Please check ANY of the following that are applicable:</b>			
<input type="checkbox"/>	(1) Veteran-A person who served active military, navel or air services and who was discharged or released there from under conditions other than dishonorable.		
<input type="checkbox"/>	(2) Disabled Veteran-A Veteran who is entitled to compensation under the law for a disability rated 30% or more OR a Veteran whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.		
<input type="checkbox"/>	(3) Vietnam Era Veteran- "Vietnam Era" means the time period beginning August 5, 1964 and ending May 7, 1975.		
<input type="checkbox"/>	(4) Disabled Vietnam Veteran- A Veteran who meets the criteria above under "Disabled" and "Vietnam Era".		
<b>DISABILITY STATUS</b>			
<b>Do you consider yourself disabled:</b>		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
(A person is considered disabled if he/she has physical or mental impairments that substantially limits one or more major life activities if he/she has a record of such impairment or if he/she is regarded as having such impairments.)			
If yes, and you are further contacted by Sonny's Enterprises for an interview, please inform the Human Resources Employment Representative of any reasonable accommodations you may need due to a disability 24 hours prior to your return visit to the company.			
Thank you for your help in completing this form. Please sign below to attest that the information you have indicated above is true.			

<b>Signature</b>	<b>Date</b>
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