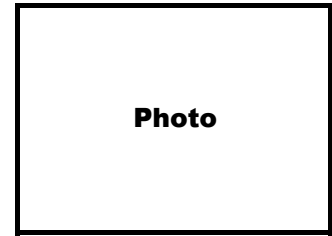


Employment Application

P.O.Box 30120, Grand Cayman KY1-1201
Cayman Islands; (345) 945-5304;



Photo

Date of application ____/____/____

Burger King

Personal Information - COMPLETE IN BLUE OR BLACK INK ONLY

Name (Last)			(First)			(Middle)								
Nationality:						Male_____		Female_____						
Home Address			City		Country		Postal Code							
Cell number		Business phone			Email:									
Name and phone no. of person to be notified for emergency:														
Position Applying For: _____				Days and hours Available. Complete if applying for restaurant position.		Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Date Available _____						From								
Are you interested in (check all that apply): () Full-Time () Part-Time () Temporary () Summer						To								
Date of Birth: (DD/MM/YY) ____/____/____		What was your age on your last Birthday? _____				Can you lift 50 pounds? () Yes () No								

Education

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name: City:	Address: Country:	Zip:			Yes No () ()
College	Name: City:	Address: Country:	Zip:			Yes No () ()
Graduate School	Name: City:	Address: Country:	Zip:			Yes No () ()
Other	Name: City:	Address: Country:	Zip:			Yes No () ()

Special Skills

Typing Speed _____wpm	Shorthand or Speedwriting _____wpm	CRT _____ (Strokes/ Hour)	PC Software / Other Equipment
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Legal

If not a Caymanian, do you have Legal or Rights and necessary Document to work in the Cayman Islands? () Y () N.
Were you ever discharged by any company? () Y () N. If yes, give name of Company(ies) _____
Reason for Discharge: _____
Have you ever been convicted of a crime other than a minor traffic violation? () Y () N. If yes, Please explain offence and final disposition: _____

(CONTINUED AT THE BACK)

Employment History

List of employment starting with your most recent position. May we contact your present employer? () Yes () No.
Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	Positioned held & Supervisor	List Major Duties	Salary Or Wages	Reason for Leaving
From: Month _____ Year _____	Company Name: _____ Address _____ City _____ Country _____	Your Job Title _____ Supervisor _____		Starting pay _____ Final pay _____	
To: Month _____ Year _____	Phone _____ ()				

From: Month _____ Year _____	Company Name: _____ Address _____ City _____ Country _____	Your Job Title _____ Supervisor _____		Starting pay _____ Final pay _____	
To: Month _____ Year _____	Phone _____ ()				

From: Month _____ Year _____	Company Name: _____ Address _____ City _____ Country _____	Your Job Title _____ Supervisor _____		Starting pay _____ Final pay _____	
To: Month _____ Year _____	Phone _____ ()				

References

Business references: (do not list relatives) (Please indicate if you were employed under a different name)

NAME	ADDRESS	PHONE #	TITLE	YEARS KNOWN
		()		
		()		
		()		

Please read carefully

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and/or criminal history. I authorize anyone possessing this information to furnish it. I release anyone so authorized, and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate termination. I understand, also, that I am required to abide by all rules and regulations. I understand and agree that if employed, the employment will be "at will". I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts or employment. I have read and reviewed the job description of the position for which I am applying. I understand that I must be physically capable of performing the essential job functions, with or without reasonable accommodation, described therein.

Signature _____

Date: ____/____/____ **dd/mm/yy**