

BigRedF EMPLOYEE INFORMATION

MANAGERS: PLEASE STAPLE FORM TO THE INSIDE OF THE EMPLOYEE FILE FOLDER

PREFERRED NAME / NICKNAME	
HAVE YOU PREVIOUSLY BEEN EMPLOYED WITH	THE BRF RESTAURANT GROUP? CIRCLE: Y or N
DATE OF BIRTH	
[Employees under the legal drinking age may NOT consume alcohol a	at the BRF Restaurants]
EMAIL ADDRESS	
[Employees are responsible for all electronic communication se	ent to the email address provided]
PHONE NUMBER	OK TO SHARE WITH TEAM? CIRCLE: Y or N
CURRENT ADDRESS	
PERMANENT ADDRESS	
EMERGENCY CONTACT	
[Name, relationship and phone number]	
KNOWN ALLERGIES	
KNOWN ALLERGIES	
KNOWN ALLERGIES	
OFFICE USE	
OFFICE USE > Employee File Checklist [all documents retained in employed Training Commitment BRF Family Fund [ATTN: BigRedF office for deduction set-up]	ee file unless otherwise noted] TERMINATION / SEPARATION
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Required Certifications Scheduled [TIPs, ServSafe]