

il Giallo Osteria & Bar

Application for Employment

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Position Desired: _____ Full Time Date _____
 Part Time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Restaurant has the same right. No one other than the President of the Restaurant has the authority to modify this relationship or make agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Restaurant reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Restaurant to investigate my driving record, my credit history, and my criminal record. I further understand that the Restaurant may contact any previous employers and I authorize these employers to disclose to the Restaurant all records and other information pertinent to my employment with them. I also authorize the Restaurant to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

*** AUTHORIZATION TO OBTAIN CONSUMER REPORT ***

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THE RESTAURANT MAY OBTAIN A CONSUMER REPORT ON ME. THIS REPORT MAY BE USED IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT-RELATED PURPOSES. I AUTHORIZE THE RESTAURANT TO OBTAIN THIS REPORT.

_____ Date _____ Signature of Applicant

PERSONAL DATA

Name _____ Social Security # _____
 (Print) Last First Middle

Present Address _____ How long have you lived there? _____
 Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
 Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? Yes
 No

Have you ever worked for this Restaurant before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No

If Yes, Name: _____ Relationship: _____

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime or have any criminal charges pending? Yes
 No If Yes, please give date and details of each:

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes, which are substantially related to the position you are seeking, will be considered.

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra- Curricular Activities
High School	9 10 11 12			

College/ University	1 2 3 4			
Graduate/ Professional	1 2 3 4			
Trade/ Correspondence				
Other				

PREVIOUS EXPERIENCE

Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

EMERGENCY INFORMATION

In case of an accident or other emergency, whom should we contact?

Name _____ Relationship _____

Home Address _____ Telephone _____
 Street City State Zip

Work Address _____ Telephone _____
 Street City State Zip

PERSONAL REFERENCES

Please list persons who you know well—not previous employers or relatives

Name	Occupation	Address (Street, City, and State)	Telephone Number	# of Years Known

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firms name and supply business references.

Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				

City, State, Zip	To (mo/yr)	Final	\$	Name and Title of Last Supervisor	
Telephone					
Present or Last Employer	Employed From (mo/yr)	Pay Start	\$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip	To (mo/yr)	Final	\$	Name and Title of Last Supervisor	
Telephone					
Present or Last Employer	Employed From (mo/yr)	Pay Start	\$	Your Title or Position	Reason for Leaving
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Present or Last Employer	Employed From (mo/yr)	Pay Start	\$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip	To (mo/yr)	Final	\$	Name and Title of Last Supervisor	
Telephone					

Have you ever been terminated or asked to resign from any job? Yes No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No. If No, please explain.