



## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you 18? **Yes / No** If not birth date \_\_\_/\_\_\_/\_\_\_\_ Referred by \_\_\_\_\_

Have you ever worked for City Grille before? If yes, when? \_\_\_\_\_

If yes, reason for leaving? \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date available to start \_\_\_\_\_ Salary desired \_\_\_\_\_

**Availability:** Total hours available per week \_\_\_\_\_ Days Available M T W Th F S S

Are you **LEGALLY ABLE** to be employed in the U.S. **Yes/ No**

How did you hear about this employment opportunity? \_\_\_\_\_

How far do you live from restaurant? \_\_\_\_\_ If hired would you have transportation to/ from work? \_\_\_\_\_

### Education History:

	Name & Location of School	Years Attended	Did you Graduate	Subjects Studied
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Teacher or Counselor we may contact as a reference Yes/No? Phone Number(\_\_\_\_) \_\_\_\_\_

**U. S. Military:** Branch of Service: \_\_\_\_\_

Date entered: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

**What other relevant experience or training have you had and what activities are you involved in?**

\_\_\_\_\_

## Employment History:

May we contact your present employer? Yes/ No

1) **Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ per hour Reason for leaving \_\_\_\_\_

2) **Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ per hour Reason for leaving \_\_\_\_\_

3) **Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ per hour Reason for leaving \_\_\_\_\_

If you do not have three previous employers, please provide personal references above and indicate as such. These would be individuals not related to you and who you have known for more than one year.

- ❖ DURING THE PAST 5 YEARS, HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATION? **Yes/ No**  
IF YES, DESCRIBE IN FULL \_\_\_\_\_

\*Answering yes will not necessarily bar you from employment. Applicants are not required to disclose sealed or expunged conviction records or the existence of such.

- ❖ ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH AND FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? **Yes/ No**
- ❖ The Secretary of Health and Human Services has determined that certain diseases, including Hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, E.Coli, and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? **Yes/ No**

If yes, please explain \_\_\_\_\_



- ❖ U.S. law requires that, if hired, you must furnish appropriate documentation establishing identity and employment eligibility, generally within 72 hours of starting work. For example, acceptable documents include: a passport, or IN 688A; a Social Security Card or birth certificate issued by government authority and a drivers license, school I.D. with photo or other government issued documentation establishing identity. Certain other documents are equally acceptable. Please consult a member of the management team and ask them for a copy of the INS Form I-9 for a list of these documents.

### **CERTIFICATION AND ACKNOWLEDGEMENTS**

1. I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for dismissal.
2. I authorize the persons, employers, schools, and organizations listed on this application to give you any information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
3. I acknowledge that City Grille reserves the right to amend or modify any of its handbooks or policies at any time without prior notice. These policies do not create any promises or contractual rights between City Grille and its employees. At City Grille, employment is at will. This means an employee is free to terminate his/her employment at any time, without any reason, with or without cause, and City Grille retains these same rights.
4. City Grille is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, sexual orientation, veteran status or other protected categories. It is City Grille's policy to comply fully with these laws, as applicable, and information requested on this application with not be used for any purpose prohibited by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_