

Employment Application

Restaurant Applying to: Italica Le-Radici

Date: _____

Personal Information

Name (Last, First MI):	
Current Address:	
City, State, Zip	Mobile Phone:
Email:	Alternate Phone:
Position Desired:	

Employment Information

If hired, can you provide documentation of your legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
All employees must have valid documented tuberculosis (TB) clearance for eligible employment. I can provide TB clearance documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO	How did you hear about this position?
If hired, will you have reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by the Five Senses, LLC or any of its restaurants before? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, list dates and restaurant)
Are you able to meet the attendance requirements of this position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied for employment with Five Senses, LLC or affiliates before? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, list dates and restaurant)
Are you able, with or without accommodation, to perform the essential tasks of the job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe the functions that cannot be performed:	Do you have friends or relatives that work for the Five Senses, LLC or any of our restaurants? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, list names(s) and relationship)
	Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, list branch and dates)

Employment Type:

Full Time Part Time Other: _____ Rate of Pay Desired: _____

Work Availability: List the hours you are available to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Educational Background:

Name & Location	Degree or Topic of Study	Did You Graduate?	Years Completed
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment History: Please list below all present and past employment starting with your most recent (or current) employer. You must complete this section even if attaching a resume.

From	To	Employer	Telephone
Reason for Leaving		Address	
Supervisor		Starting Job Title/Final Job Title	
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, for what reason?		Pay Rate/Salary Starting: _____ Final: _____	

From	To	Employer	Telephone
Reason for Leaving		Address	
Supervisor		Starting Job Title/Final Job Title	
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, for what reason?		Pay Rate/Salary Starting: _____ Final: _____	

From	To	Employer	Telephone
Reason for Leaving		Address	
Supervisor		Starting Job Title/Final Job Title	
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, for what reason?		Pay Rate/Salary Starting: _____ Final: _____	

References: Please list three individuals not related to you who have knowledge of your work performance.

Name	Company & Title	Years Known	Phone Number or Email

Applicant Statement:

_____ I certify that the facts set forth in this Employment Application are true and complete to the best of my knowledge. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal.

_____ I authorize the Company to make an investigation of any of the facts set forth in this application. I authorize the Company to check all personal and employment references and to verify all information I have included on this application form. I agree that the Company and any company or individual shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I release the Company and all providers of any information from liability as the result of furnishing and receiving this information.

_____ I understand that this is only an application for employment and is not nor shall be considered to be an agreement or contract of employment. I understand that employment at the Company is 'AT WILL' which means that either I or Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by the state. All employment is continued on that basis.

Signature of Applicant

Date