

Employment Application

Restaurant Applying to: Italice Viaggio

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	

