Restaurant Application for Employment

PERSONAL INFOR NAME (LAST, FIRST, MIDE	JI E)				\	
WANTE (EAST, I INST, WILDE	ole)				ATE:	
PRESENT ADDRESS (STRE	EET, CITY, STATE, ZIP)					
PERMANT ADDRESS (STRE	EET, CITY, STATE, ZIP)					
PHONE NUMBER (AREA CO	nne)	l e	mail;			
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY		R	REFERRED BY:			
EMPLOYMENT DE	SIRED:					
Position:		,				
DATE YOU CAN START:			***************************************	SALARY DESIRED:		
RE YOU NOW EMPLOYED?			MAY WE CONTACT YOUR EMPL		CONTACT YOUR EMPLOYER?	
AVE YOU EVER APPLIED TO	O THIS COMPANY BEFORE?		WHEN?			
SCHEDULE AVAILABILITY?				<u> </u>		
					The state of the s	
TELL US ABOUT V	OUR EDUCATION:					
TELL US ABOUT Y	OUR EDUCATION:					
TELL US ABOUT Y	OUR EDUCATION:					
FORMER EMPLOY	ERS:					
ORMER EMPLOY DATE, MONTH & YEAR		SALARY	Position	REA	ASON FOR LEAVING	
ORMER EMPLOY DATE, MONTH & YEAR	ERS:	SALARY \$	Position	REA	ASON FOR LEAVING	
ORMER EMPLOY DATE, MONTH & YEAR	ERS:		Position	Rea	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM:	ERS:	\$	Position	REA	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM: FO: FROM:	ERS:	\$ PER:	Position	Rea	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM: TO: FROM: To:	ERS:	\$ PER:	Position	REA	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM: FO: FROM: FROM: FO: FROM:	ERS:	\$ PER: PER:	Position	Rea	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM: FO: FROM: FO: FROM: FO: FROM:	ERS:	\$ PER: \$ PER:	Position	Rea	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM: To: FROM: FROM: To: FROM: FROM: FROM:	ERS:	\$ PER: \$ PER: \$ PER	Position	Rea	ASON FOR LEAVING	
FORMER EMPLOY DATE, MONTH & YEAR FROM: TO: FROM: To: FROM: To: FROM: To: FROM: To:	VERS: Name and Address of Employer	\$ PER: \$ PER: \$ PER \$ PER				
FORMER EMPLOY DATE, MONTH & YEAR FROM: To:	ERS:	\$ PER: \$ PER: \$ PER \$ PER	OU HAVE KNOWN AT			
FORMER EMPLOY DATE, MONTH & YEAR FROM: FO: FROM:	ERS: NAME AND ADDRESS OF EMPLOYER E THE NAMES OF THREE PERSONS NOT REL	\$ PER: \$ PER: \$ PER \$ PER \$ PER ATED TO YOU, WHOM Y	OU HAVE KNOWN AT		AR.	
FORMER EMPLOY DATE, MONTH & YEAR FROM: FO: FROM: FO: FROM: FO: FROM: FO: FROM: FROM: FO: FROM: F	ERS: NAME AND ADDRESS OF EMPLOYER E THE NAMES OF THREE PERSONS NOT REL	\$ PER: \$ PER: \$ PER \$ PER \$ PER ATED TO YOU, WHOM Y	OU HAVE KNOWN AT		AR.	
FORMER EMPLOY DATE, MONTH & YEAR FROM: FO: FROM: FO: FROM: FO: FROM: FRO	ERS: NAME AND ADDRESS OF EMPLOYER E THE NAMES OF THREE PERSONS NOT REL	\$ PER: \$ PER: \$ PER \$ PER \$ PER ATED TO YOU, WHOM Y	OU HAVE KNOWN AT		AR.	

Please read the sections below carefully before signing.

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 U.S. Passport, INS forms 688 or 688A; a Social Security Card or birth certificate issued by government authority and a driver's 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 INS form I-9 for a list of these documents.

You may exclude information regarding any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated. You also may exclude information regarding any conviction that is more than two years old for a violation of California Health and Safety Code Sections 11357, 11360, 11364, 11365 or 11550 (or predecessor statutes) as they relate to marijuana.

narijuana.	, , , , , , , , , , , , , , , , , , , ,					
TO A CRIMI	HE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GU E, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? Yes _ CRIBE IN FULL	JILTY TO OR P No	LED NO CONTEST			
	ves will not necessarily bar you from employment. Applicants are not required cords or the existence of such records.	to disclose seale	ed or expunged			
ARE YOU O GOVERNME	R HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH AN' ENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? YE	Y FEDERAL, ST	TATE OR LOCAL			
1.	I represent and acknowledge that I can read and write English.					
2.	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.					
3.	I authorize the persons, employers, schools and organizations listed on this ap information concerning my employment and other pertinent information they and release all parties from all liability and damages that may result from furn	may have, perso	onal and otherwise,			
4.	I acknowledge that Employer reserves the right to amend or modify any of its and without prior notice. These policies do not create any promises or contra employees. Employee's employment is at will. This means an employee is fit at any time, without any reason, with or without cause, and employer retains Maurizio Cutrignelli or Sara Cutrignelli are the only persons who may make exception must be in writing, addressed to a particular individual, and signed Cutrignelli or Sara Cutrignelli.	s handbooks or p ctual rights betwee to terminate l these same right an exception to t	olicies at any time yeen employer and it his/her employment s. Employer by his, and any			
5.	Employer is an Equal Opportunity Employer. Various federal, state, and loca account of race, color, religion, sex, age, national origin, disability, sexual origin,	an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on ce, color, religion, sex, age, national origin, disability, sexual orientation, veterans status or other egories. It is this Employer's policy to comply fully with these laws, as applicable, and information				
6.	I understand that as a part of the procedure for my employment application at be made concerning my character, general reputation, personal characteristics request, additional disclosure concerning the complete nature and scope of th am denied a job based either wholly or in part because of information contain report, I will be provided the name and address of the reporting agency that st	n investigative con s and mode of live e investigation valued in an investig	ving. Upon written vill be provided. If I gative consumer			
Do you read a	and understand English?	[] Yes	∏No			
	le y lee ingles?	[] Si	∏No			
Do you read a	and understand Spanish?	[] Yes	∏No			
Usted entiend	e y lee espanol?	∏ Si	∏No			
MISREPRES UNDERSTA	ZE INVESTIGATION OF ALL STATEMENT CONTAINED IN THIS APPLIENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DIS ND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERI N OF THE EMPLOYER, BE TERMINATED AT ANYTIME WITHOUT AN	SMISSAL. FUR OD AND MAY	THER, I , AT THE			
SIGNED: _	DATE					