



APPLICATION FOR EMPLOYMENT

email: careers@zaoasiancafe.com
or return your application to one of our zao locations

PLEASE PRINT

Name (Last, First, Middle)		E-mail Address		Today's Date	
Address:		City	State	Zip	Telephone (Please include area code)

EMPLOYMENT INTEREST

Position Applying For <input type="checkbox"/> Front of the House <input type="checkbox"/> Back of the House		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Available Start Date			How did you hear about this position with Zao Asian Café? <input type="checkbox"/> Walk In <input type="checkbox"/> Now Hiring Poster <input type="checkbox"/> Zao Website <input type="checkbox"/> Employee Referral, (Provide Name Below)				
Salary/Pay Desired			<input type="checkbox"/> Facebook <input type="checkbox"/> Monster <input type="checkbox"/> Craigslist <input type="checkbox"/> Other (Please tell us where)				
Have you ever been employed by Zao Asian Café? <input type="checkbox"/> Yes If Yes, when? <input type="checkbox"/> No Where?				Do you have any family or friends that have worked for Zao Asian Café? <input type="checkbox"/> Yes If Yes, when? <input type="checkbox"/> No Where?			

EDUCATION

School	Name and Address of School	Major	Last Year Completed	Highest Degree/Certificat Earned
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College Degree (Associate) <input type="checkbox"/> 4-Year College Degree (Bachelor) <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Professional Degree (MD, JD)
Trade/Tech School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

PERSONAL DATA

Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you, after employment, submit verification of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever been convicted of a felony or misdemeanor (including traffic-related felonies and misdemeanors)? Please exclude information regarding the following:</p> <ol style="list-style-type: none"> 1) Convictions for marijuana-related offenses that are more than two years old; 2) Convictions that have been sealed, expunged, eradicated; 3) Misdemeanor convictions for which probation has been completed or otherwise discharged and the case was dismissed. <p>Applicants who have plead guilty or been convicted of a criminal offense will not automatically be denied employment. The nature of the offense, the date fo the offense, the surrounding circumstances and the relevance of the offense to the positon(s) applied for may, however, be considered.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

WORK EXPERIENCE

1 Present or Most Recent Employer			From Mo/Yr	To Mo/Yr	Job Title
Address			Starting Salary/ Hourly Wage \$ _____	Reason for Leaving	
City	State	Zip			
Name of Supervisor		Title	Ending Salary/ Hourly Wage \$ _____	Major Responsibilities	
Phone Number					

Please explain any period between jobs:

2 Employer			From Mo/Yr	To Mo/Yr	Job Title
Address			Starting Salary/ Hourly Wage \$ _____	Reason for Leaving	
City	State	Zip			
Name of Supervisor		Title	Ending Salary/ Hourly Wage \$ _____	Major Responsibilities	
Phone Number					

Please explain any period between jobs:

3 Employer			From Mo/Yr	To Mo/Yr	Job Title
Address			Starting Salary/ Hourly Wage \$ _____	Reason for Leaving	
City	State	Zip			
Name of Supervisor		Title	Ending Salary/ Hourly Wage \$ _____	Major Responsibilities	
Phone Number					

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OR EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but it receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, expunged juvenile records, pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all the of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, by either party, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in policy, procedure, benefit or other term or condition of employment other than in a document signed by the Company President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Print Name:	Signature	Date
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