Restaurant Application for Employment

NAME (LAST, FIRST,	Midale)			[DATE:	
RESENT ADDRESS (STREET, CITY, STATE, ZIP)					
EDMANT ADDRESS (STREET, CITY, STATE, ZIP)					
ERMANT ADDRESS (STREET, OHY, STATE, ZIP)					
PHONE NUMBER (ARE	EA CODE)	Email:				
STATE NAME AND REL	ATIONSHIP OF ANY RELATIVES IN OUR EMPLOY	Referred by:				
MPLOYMENT	Degree					
OSITION:	DESIRED.					
Experimental Association				I SALADV	Deciden:	
ATE YOU CAN START	• —			SALARY	SALARY DESIRED:	
ARE YOU NOW EMPLO	YED?			May we	CONTACT YOUR EMPLOYER	
AVE YOU EVER APPL	IED TO THIS COMPANY BEFORE?			WHEN?		
			~	-		
CHEDULE AVAILABILIT	TY?		1	······································		
	JT YOUR EDUCATION:			N ALLENDA	*1	
ORMER EMP	LOYERS:		I December			
FORMER EMP	LOYERS:	SALARY	Position	RE	eason for Leaving	
FORMER EMP Date, Month & Yea From:	LOYERS:	\$	Position	RE	ason for Leaving	
FORMER EMPI Date, Month & Yea From: To:	LOYERS:	\$ PER:	Position	Re	EASON FOR LEAVING	
FORMER EMP Date, Month & Yea From: To:	LOYERS:	\$	Position	RE	EASON FOR LEAVING	
FORMER EMPLOATE, MONTH & YEAR FROM: TO: TO:	LOYERS:	\$ PER:	Position	Re	EASON FOR LEAVING	
FORMER EMPLOATE, MONTH & YEAROM: O: ROM:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER	\$ PER:		Re	EASON FOR LEAVING	
FORMER EMPLOATE, MONTH & YEAR TO:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER	\$ PER: \$ PER:		Re	EASON FOR LEAVING	
FORMER EMPLOATE, MONTH & YEAR FROM: FO: FROM: FO: FROM: FO: FROM: FO:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER	\$ PER: \$ PER:		RE	EASON FOR LEAVING	
FROM: FROM: FROM: FROM: FROM: FROM: FROM: FROM: FROM:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER	\$ PER: \$ PER: \$ PER		Re	EASON FOR LEAVING	
FORMER EMPIDATE, MONTH & YEAROM: FROM: FROM: FROM: FROM: FROM: FROM: FROM:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER	\$ PER: \$ PER: \$ PER \$ PER				
FORMER EMPLOATE, MONTH & YEAR FROM: FO: FROM: FR	LOYERS: AR NAME AND ADDRESS OF EMPLOYER	\$ PER: \$ PER: \$ PER \$ PER TO YOU, WHOM		EAST ONE YE	EAR.	
FORMER EMPLOATE, MONTH & YEAR FROM: FO: FROM: FR	LOYERS: AR NAME AND ADDRESS OF EMPLOYER GIVE THE NAMES OF THREE PERSONS NOT RELA	\$ PER: \$ PER: \$ PER \$ PER TO YOU, WHOM	YOU HAVE KNOWN AT L	EAST ONE YE	EAR.	
FROM:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER GIVE THE NAMES OF THREE PERSONS NOT RELA	\$ PER: \$ PER: \$ PER \$ PER TO YOU, WHOM	YOU HAVE KNOWN AT L	EAST ONE YE	EAR.	
FORMER EMPIDATE, MONTH & YEAROM: FROM: FROM: FROM: FROM: FROM: FROM: FROM: FROM:	LOYERS: AR NAME AND ADDRESS OF EMPLOYER GIVE THE NAMES OF THREE PERSONS NOT RELA	\$ PER: \$ PER: \$ PER \$ PER TO YOU, WHOM	YOU HAVE KNOWN AT L	EAST ONE YE		

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.

of Californi marijuana.	ia Health and Safety Code Sections 11337, 11	360, 11304, 11303 of 11330 (of picticessor statutes) as they retain to
TO A CRIM	THE PAST 5 YEARS, HAVE YOU EVER I ME, EXCLUDING MISDEMEANORS AND ESCRIBE IN FULL	BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TRAFFIC VIOLATIONS? Yes No
*Answering	g yes will not necessarily bar you from emplo records or the existence of such records.	yment. Applicants are not required to disclose sealed or expunged
ARE YOU GOVERNA	OR HAVE YOU EVER BEEN A SEX OFFE MENT AGENCY, INCLUDING ANY LISTI	ENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL NG ON A PUBLIC WEBSITE? Yes No
1. 2.	omissions or misrepresentation of informa	nd the information on it is complete and correct. I understand that any ation is grounds for dismissal.
3.	information concerning my employment a	is and organizations listed on this application to give you any and other pertinent information they may have, personal and otherwise, d damages that may result from furnishing this to you.
4.	I acknowledge that Employer reserves the	right to amend or modify any of its handbooks or policies at any time
	at any time, without any reason, with or w Maurizio Cutrignelli or Sara Cutrignelli at exception must be in writing, addressed to	will. This means an employee is free to terminate his/her employment ithout cause, and employer retains these same rights. Employer by the only persons who may make an exception to this, and any a particular individual, and signed by the Employer by Maurizio
5.	account of race color religion, sex, age, n	yer. Various federal, state, and local laws prohibit discrimination on national origin, disability, sext all orientation, veterans status or other policy to comply fully with these laws, as applicable, and information sed for any purpose prohibited by law.
6.	I understand that as a part of the procedure be made concerning my character, general request, additional disclosure concerning t am denied a job based either wholly or in	e for my employment application an investigative consumer report may reputation, personal characteristics and mode of living. Upon written the complete nature and scope of the investigation will be provided. If I part because of information contained in an investigative consumer dress of the reporting agency that supplies the information.
	and understand English?	П Yes ПNо П Si ПNо
Usted entier	nde y lee ingles?	
	and understand Spanish?	∏ Yes ∏No ∏ Si ∏No
Usted entier	nde y lee espanol?	ը եւ
MISREPRE	SENTATION OR OMISSION OF FACTS O AND AND AGREE THAT MY EMPLOYM	ONT CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I ENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE ED AT ANYTIME WITHOUT ANY PREVIOUS NOTICE.
SIGNED:		DATE: