

First Name		Last Name		Date			
(Middle)				/ /			
Home Address		City		State Zip			
Home phone number		Cellular Phone		Work Phone			
()		()		()			
				May we contact you at work?			
				Yes No			
Email							
Position Applying For		Date Available		Are you interested in (check all that apply)			
		/ /		Full Time Part Time Temporary Summer			
Days and Hours Available.							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							
				Are You 18 Years or older?			Yes No
How were you referred us?							

Type of School	Name and Location of School		Degree/Area of Study	N. of years Attended	Graduated	
High School	Name	Address			Yes	No
	City	State Zip				
College	Name	Address			Yes	No
	City	State Zip				
Other	Name	Address			Yes	No
	City	State Zip				

U.S. MILITARY SERVICE:

Branch of Service	Technical Specialization	Rank Attained

LEGAL:

Are you legally authorized to work in the United States? Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)		
Were you ever discharged by any company? Yes No If yes, give name of the company(ies) _____		
Reason for discharge _____		
Have you been convicted of or plead guilty to (including a plea of nolo contendere) Yes No if yes, please explain in full: a misdemeanor at any time within the past 5 years? _____		
Have you been convicted of or plead guilty to (including a plea of nolo contendere) Yes No If yes, please explain a felony (you are not obligated to disclose sealed, erased or expunged records of conviction(s) or records of arrests or criminal charges which did not result in a conviction)? Disposition: _____		
(A conviction will not necessarily disqualify an applicant from employment.)		

EMPLOYMENT HISTORY:

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis. Is any additional information relative to a different name necessary to check your work record? If yes explain. Yes No					
DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name	Your job title		Starting	
	Address	Supervisor		Final	
	City & State Phone ()				
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name	Your job title		Starting	
	Address	Supervisor		Final	
	City & State Phone ()				
From: _____/_____/_____ mo. yr.	Name	Your job title		Starting	

To: _____ mo. yr.	Address	Supervisor	Final
City & State	Phone ()		

REFERENCES:

Business References: (do not list relatives)					
Name	Address	Work Phone No.	Title	Years Known	

PLEASE READ CAREFULLY

<p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Spadella restaurant.</p> <p>I understand and agree that if employed, employment will be "AT WILL." That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.</p>

APPLICANT'S SIGNATURE

_____/_____/_____
DATE SIGNED