

HAVEN

RESTAURANT AND BAR

Valenza

APPLICATION FOR EMPLOYMENT

RESTAURANT: HAVEN VALENZA DATE: _____

POSITION DESIRED: _____ FULL TIME: PART TIME:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make agreements to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the company to investigate my driving record, my credit history, and my criminal record. I further understand that the Company may contact any previous employers and I authorize these employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By clicking the button below, I certify that all of the information that I provide on this application and in any interview will be true, complete, and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

* * * AUTHORIZATION TO OBTAIN CONSUMER REPORT * * *

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT ON ME. THIS REPORT MAY BE USED IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT-RELATED PURPOSES. I AUTHORIZE THE COMPANY TO OBTAIN THIS REPORT.

PERSONAL DATA

Name: Last First Middle

Phone:

Cell Phone:

Email Address:

Present Address:

Street and #

City and State

Zip

How long have you lived there? Years: Months:

Previous Address:

Street and #

City and State

Zip

How long did you live there? Years: Months:

Are you 18 years of age or older? Yes No

Have you ever worked for this company before? Yes No

If yes, please give dates and position:

Do you have any friends or relatives working here? Yes No

If yes, please give names and relationships:

Have you ever plead guilty or "no contest" to a crime, been convicted of a crime, or have any criminal charges pending? Yes No

If yes, please give date and details of each:

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes, which are substantially related to the position you are seeking, will be considered.

EDUCATION

School Name	Years Completed	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
High School	<input type="radio"/> 9 <input type="radio"/> 10	<input type="radio"/> Yes		
	<input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> No		

College/ University	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No		
Graduate/ Professional		<input type="radio"/> Yes <input type="radio"/> No		
Trade/ Correspondence		<input type="radio"/> Yes <input type="radio"/> No		
Other		<input type="radio"/> Yes <input type="radio"/> No		

EMERGENCY INFORMATION

Name: Last First Middle

Relationship:

Home Address:

Street and #

City and
State

Zip

Home Phone:

Work Address:

Street and #

City and
State

Zip

Work Phone:

PERSONAL REFERENCES

Name	Occupation	Address (Street, City, and State)	Telephone Number	# of Years Known

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firms name and supply business references.

Present or Last Employer: Address: City, State, Zip: Telephone:	Employed From (mo / yr): To:	Pay Start: \$ Final: \$	Your Title or Position: Reason for Leaving:	Name of Last Supervisor: Title of Last Supervisor:
Present or Last Employer: Address: City, State, Zip: Telephone:	Employed From (mo / yr): To:	Pay Start: \$ Final: \$	Your Title or Position: Reason for Leaving:	Name of Last Supervisor: Title of Last Supervisor:
Present or Last Employer: Address: City, State, Zip: Telephone:	Employed From (mo / yr): To:	Pay Start: \$ Final: \$	Your Title or Position: Reason for Leaving:	Name of Last Supervisor: Title of Last Supervisor:
Present or Last Employer: Address: City, State, Zip: Telephone:	Employed From (mo / yr): To:	Pay Start: \$ Final: \$	Your Title or Position: Reason for Leaving:	Name of Last Supervisor: Title of Last Supervisor:

PREVIOUS EXPERIENCE

Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

Have you ever been terminated or asked to resign from any job? Yes No
If Yes, please explain

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No
If No, please explain

I agree to this statement and accept the terms.

Date: _____

Signature of Applicant: _____