



7610 Heths Salient Street, Suite 104, Spotsylvania, Virginia 22553
Contact Maria : 703-598-0929

Itavie New York Grill & Bakery is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

APPLICANT INFORMATION

FULL NAME: _____
DATE OF APPLICATION: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER: _____ - _____ - _____ EMAIL ADDRESS: _____

EMPLOYMENT POSITION

CIRCLE ONE(S) THAT APPLY

APPLYING FOR: (COOK) (FOOD PREP) (CASHIER) (SERVER) (HOSTESS) (FOOD RUNNER)
(BARRISTA) (DISHWASHER) (BAKERY ASSISTANT)

HOW DID YOU HEAR ABOUT THIS POSITION? _____

WHAT DAYS ARE YOU AVAILABLE FOR WORK? _____

WHAT HOURS OR SHIFT'S ARE YOU AVAILABLE TO WORK? _____

MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN.

ON WHAT DATE CAN YOU START WORKING IF YOU ARE HIRED? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? CIRCLE: (YES) OR (NO)

PERSONAL INFORMATION

HAVE YOU EVER APPLIED TO WORK FOR ITAVIE BEFORE? (YES) OR (NO)

IF YES, WHEN? _____

DO YOU HAVE ANY FRIENDS, RELATIVES OR ACQUAINTANCES WORKING FOR ITAVIE?
(YES) OR (NO)

IF YES, STATE NAME AND RELATIONSHIP: _____

ARE YOU **18** YEARS OF AGE OR OLDER? (YES) OR (NO)

ARE YOU A US CITIZEN OR APPROVED TO WORK IN THE UNITED STATES? (YES) OR (NO)
WHAT DOCUMENT CAN YOU PROVIDE AS A PROOF OF CITIZENSHIP OR LEGAL STATUS?

WILL YOU CONSENT TO A MANDATORY CONTROLLED SUBSTANCE TEST? (YES) OR (NO)
DO YOU HAVE ANY CONDITION WHICH WOULD REQUIRE JOB ACCOMMODATIONS?
(YES) OR (NO)

IF YES, PLEASE DESCRIBE ACCOMMODATIONS REQUIRED BELOW.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (FELONY OR
MISDEMEANOR)? (YES) OR (NO)

IF YES, PLEASE STATE THE NATURE OF TH CRIME(S), WHEN CONVICTED AND
DISPOSITION OF HE CASE:

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF
CONVICTION OF A CRIMINAL OFFENSE. THE DATE OF THE OFFENSE, THE NATURE OF
THE OFFENSE, INCLUDING ANY SIGNIFICANT DETAILS THAT AFFECT THE DESCRIPTION
OF THE EVENT, AND THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE
OFFENSE TO THE POSITION (S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)

JOB SKILLS/QUALIFICATIONS

PLEASE LIST BELOW THE SKILLS AND QUALIFICATIONS YOU POSSESS FOR THE POSITION
FOR WHICH YOU ARE APPLYING:

(NOTE: ITAVIE COMPLIES WITH THE ADA AND CONSIDERS REASONABLE
ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/
EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS.)

EDUCATION AND TRAINING

HIGH SCHOOL

NAME	ADDRESS	YEAR GRADUATED	DEGREE EARNED

COLLEGE/UNIVERSITY

COLLEGE/UNIVERSITY	ADDRESS	YEAR GRADUATED	DEGREE EARNED

COLLEGE/UNIVERSITY	ADDRESS	YEAR GRADUATED	DEGREE EARNED

VOCATIONAL SCHOOL/SPECIALIZED TRAINING

SCHOOL NAME	ADDRESS	YEAR GRADUATED	DEGREE EARNED

MILITARY:

ARE YOU A MEMBER OF THE ARMED SERVICES? _____

WHAT BRANCH OF THE MILITARY DID YOU ENLIST? _____

WHAT WAS YOUR MILITARY RANK WHEN DISCHARGED? _____

HOW MANY YEARS DID YOU SERVE IN THE MILITARY? _____

WHAT MILITARY SKILLS DO YOU POSSESS THAT WOULD BE AN ASSET FOR THIS POSITION?

PREVIOUS EMPLOYMENT

EMPLOYER NAME:	
JOB TITLE:	
SUPERVISOR NAME:	
EMPLOYER ADDRESS:	
CITY, STATE, & ZIP CODE:	
EMPLOYER TELEPHONE:	
DATES EMPLOYED:	
REASON FOR LEAVING:	

PREVIOUS EMPLOYMENT

EMPLOYER NAME:	
JOB TITLE:	
SUPERVISOR NAME:	
EMPLOYER ADDRESS:	
CITY, STATE, & ZIP CODE:	
EMPLOYER TELEPHONE:	

EMPLOYER NAME:	
DATES EMPLOYED:	
REASON FOR LEAVING:	

REFERENCES

PLEASE PROVIDE TWO PERSONAL OR PROFESSIONAL REFERENCE (S) BELOW:

REFERENCE	CONTACT INFORMATION

AT-WILL EMPLOYMENT

THE RELATIONSHIP BETWEEN YOU AND THE ITAVIE NEW YORK GRILL & BAKERY IS REFERRED TO AS “EMPLOYMENT AT WILL.” THIS MEANS THAT YOUR EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, BY YOU OR THE ITAVIE NEW YORK GRILL & BAKERY. NO REPRESENTATIVE OF ITAVIE HAS AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING “EMPLOYMENT AT WILL” RELATIONSHIP. YOU UNDERSTAND THAT YOUR EMPLOYMENT IS “AT WILL,” AND THAT YOU ACKNOWLEDGE THAT NO ORAL OR WRITTEN STATEMENTS OR REPRESENTATIONS REGARDING YOUR EMPLOYMENT CAN ALTER YOUR AT-WILL EMPLOYMENT STATUS, EXCEPT FOR A WRITTEN STATEMENT SIGNED BY YOU OR EITHER OUR EXECUTIVE VICE-PRESIDENT/CHIEF OPERATIONS OFFICER OR THE COMPANY’S PRESIDENT.

APPLICANT SIGNATURE: _____ DATE: _____

AUTHORIZED EMPLOYER SIGNATURE: _____ DATE: _____