



UNION RIVER
LOBSTER POT
— RESTAURANT —

Application for Employment

Applicant Name _____

Union River Lobster Pot Restaurant

8 South Street

Ellsworth Maine 04605

info@lobsterpot.com

207 667 5077

Statement of Values

Dear Applicant:

Welcome to the Union River Lobster Pot Restaurant. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that the customer is our primary reason for being in business.
- We believe a summer job on the coast of Maine should be fun!

If this feels like an environment for you, please download and complete the application and mail it to: Union River Lobster Pot Restaurant, 8 South Street Ellsworth Maine 04605. Or scan it to a PDF and email to info@lobsterpot.com

Union River Lobster Pot Restaurant - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Applicant Information

Date ____/____/____

First Name _____ Middle _____ Last _____

Street Address _____ Email Address _____

City/State/Zip _____ Cell Phone (____) _____

Position(s) applied for _____

Are you at least 18 years old? _____ If you are under 16 years of age, can you furnish a work permit? _____

Are you able to work to the end of the season; until the middle of October? If not, give the date you can work until _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

If hired do you have housing? _____

Employment Information

Are you seeking full time, or part time employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

If you are a college student please indicate how late in the season you can work. _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

Do you have any handicapping conditions that would prohibit you performing the tasks associated with restaurant work? _____

Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? Yes No

If yes, identify program and school: _____

College: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (_____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

2. Company _____ Phone No. with Area Code (_____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____

If yes, give name and organization(s) _____

May we contact the employers listed above? ____ If not, list the employers you do not wish us to contact and why:

References (other than work)

1. Name _____ Relationship _____ Years Known _____
Address _____ Phone _____

2. Name _____ Relationship _____ Years Known _____
Address _____ Phone _____

3. Name _____ Relationship _____ Years Known _____
Address _____ Phone _____

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____