

EMPLOYMENT APPLICATION

SOCIAL SECURITY NO. _____

NAME _____ STREET ADDRESS _____
FIRST NAME MIDDLE INITIAL LAST NAME

APT NO OR BOX _____ CITY _____ STATE _____ ZIP _____ PHONE () _____

ARE YOU 18 OR OLDER? YES NO IF NOT, AGE _____

EVER WORKED FOR CARMINE'S BEFORE? YES NO IF YES, DATES AND LOCATION _____

AVAILABILITY

		M	T	W	Tr	F	S	Su
TOTAL HOURS AVAILABLE PER WEEK _____	HOURS	FROM						
	AVAILABLE	TO						

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.? YES NO HOW FAR DO YOU LIVE FROM THE STORE? _____

DO YOU HAVE TRANSPORTATION TO WORK? YES NO HOW DID YOU HEAR OF THE JOB? _____

SCHOOL MOST RECENTLY ATTENDED

NAME _____ LOCATION _____ PHONE () _____

TEACHER OR COUNSLOR _____ DEPT. _____ LAST GRADE COMPLETED _____ GRADE POINT AVERAGE _____

GRADUATED? YES NO NOW ENROLLED? YES NO SPORTS OR ACTIVITIES _____

TWO MOST RECENT JOBS: (If not applicable, list U.S. Military, work performed on a voluntary basis or personal references.)

COMPANY _____ LOCATION _____
 PHONE _____ JOB _____
 SUPERVISOR _____ DATES WORKED FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ **MGNT REFERENCE CHECK DONE BY** _____

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 PHONE _____ JOB _____
 SUPERVISOR _____ DATES WORKED FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ **MGNT REFERENCE CHECK DONE BY** _____

PHYSICAL

Any health problems or physical disabilities which could affect your employment? YES NO EXPLAIN ANY YES ANSERS IN DETAIL

Do you now have or have you had, within the last six months, any contagious or communicable diseases, or gastro-intestinal infections, or have you ever had hepatitis or salmonella? YES NO

During the past 10 years, have you ever been convicted of a crime, excluding misdemeanors? * YES NO IF YES, DESCRIBE IN FULL

*A conviction will not necessarily bar you from employment.

1. I certify that the information contained on this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with the policy of Carmine's Family Restaurant.
2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that, if I become employed, I will be free to terminate my employment at any time for any reason and Carmine's Family Restaurant retains the same rights. No representative of Carmine's Family Restaurant has the authority to make any contrary agreement.

DATE _____ SIGNATURE _____

Carmine's Family Restaurant is an equal opportunity employer. The Civil Rights Act of 1964 and Local Laws prohibit discrimination on the basis of race, color, religion, sex, or national origin. In addition State and Local laws prohibit discrimination on the basis of disability and the Age Discrimination in Employment Act of 1978 and some State and Local laws prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is our policy to comply fully with these Acts and information requested on this application will not be used for any purpose prohibited by law.

YOUR APPLIATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS – FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY.

U.S. law requires that, if hired, you must furnish your social security card* and one of the following documents within 72 hours of starting work: 1) a card issues by Federal, State or local government showing your identity. 2) Driver's license or state issued I.D. with photo. 3) School I.D. card with photo. 4) Current INS Forms with employment authorization stamp. 5) U.S. Passport. 6) Voter's registration card. 7) U.S. Military card or other draft card.

*If you do not have a social security card, you may present an original or copy of a U.S. birth certificate, or Department or State Forms FS-545 or DS-1350 or INS Forms 1-327, 1-571, 1-197, 1-179.

