

DATE OF APPLICATION: NAME:						
ADDRESS:	First Name	Middle Initial	Last N	ame		
	Street	/PO Box	City,	State	Zip	
PHONE:						
EMAIL:						
ARE YOU A	ABLE TO PR	OVIDE VERIF	CATION OF	YOUR CUF	RENT LEGAL AU	JTHORIZATION
		FOR ANY EM				
IF YOU AR	E A MINOR	CAN YOU PRO	OVIDE WORK	AUTHORI	ZATION? YES	_ NO _
ARE YOU	J OF A LEG	AL AGE TO SE	ERVE ALCOH	OLIC BEVE	RAGES? YES	」 NO
HAVE YOU	BEEN CON	IVICTED OF A	NY CRIMINAL	OFFENSE	OTHER THAN M	IINOR
TRAFFIC V	IOLATIONS	WITHIN THE	LAST SEVEN	YEARS?	YES _L NO _L	
IF YES, PL	EASE DESC	RIBE:				
					. A criminal conviction w	
					fense, the time elapsed expunged from the recor	
					NO L IF YES,	
EXPLAIN:				_		
ARE YOU	SEEKING:	FULL TIME	PART TIME	TEMPO	DRARY,,	
		YOU SEEKIN		_	_	
A\/A AD F	TO DECIN	MODIC INMAE	DIATELY	THED DAT	·F.	
		S YOU ARE A			E:	· · · · · · · · · · · · · · · · · · ·
OINOLL DA	4107 OHII 1	O TOO AILE A	WAILABLE IN	J WORK.	Sat Breakfast	Sun Breakfast
Mon Lunch	Tue Lunch	Wed Lunch	Thurs Lunch	Fri Lunch		Sun Lunch
Mon Dinner	Tue Dinner	Wed Dinner	Thurs Dinner	Fri Dinner	Sat Dinner	Sun Dinner
EDUO 4 :						
		RAINING				
EDUCATIO	NAL BACK					
		ool / Mo/Yr /	Major			
High Schoo						
Undergradu	ıate:					

EMPLOYMENT HISTORY & EXPERIENCE

LIST YOUR EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES STARTING WITH YOUR MOST RECENT ONE. PLEASE EXPLAIN GAPS IN TIME IN EMPLOYMENT HISTORY. IMPORTANT: THIS SECTION MUST BE COMPLETED IN DETAIL. YOU MAY ATTACH YOUR RESUME IF YOU WISH, BUT REFERENCE TO A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS SECTION.

FROM (Mo/Yr):
TO (Mo/Yr):
EMPLOYER:
JOB TITLE:
TELEPHONE # & ADDRESS:
IMMEDIATE SUPERVISOR:
TITLE:

Graduate: Other:

Special Training: From (Mo/Yr): To (Mo/Yr): Subject Certificate MAY WE CONTACT THIS EMPLOYER? NO YES NATURE OF WORK PERFORMED/RESPONSIBILITIES: SALARY: Starting: Last: REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr): EMPLOYER:

JOB TITLE: TELEPHONE # & ADDRESS: IMMEDIATE SUPERVISOR:

TITLE:

MAY WE CONTACT THIS EMPLOYER? NO YES NATURE OF WORK PERFORMED/RESPONSIBILITIES: SALARY: Starting: Last:

SALARY: Starting: Last: REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr): EMPLOYER: JOB TITLE:

TELEPHONE # & ADDRESS: IMMEDIATE SUPERVISOR:

TITLE:

MAY WE CONTACT THIS EMPLOYER? NO YES NATURE OF WORK PERFORMED/RESPONSIBILITIES:

SALARY: Starting: Last: REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr): EMPLOYER: JOB TITLE:

TELEPHONE # & ADDRESS: IMMEDIATE SUPERVISOR:

TITLE:

MAY WE CONTACT THIS EMPLOYER? _ NO _ YES NATURE OF WORK PERFORMED/RESPONSIBILITIES:

SALARY: Starting: Last: REASON FOR LEAVING:

CERTIFICATION & AUTHORIZATION

Please read carefully before signing.

I certify that the information given herein is true and complete to the best of my knowledge. I authorize Randi's Grill & Pub to investigate any information, including my employment history. educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My current and former employers, educational institutions, and personal references may provide information that they may have about me in response to inquiry from the employer. I understand that any offer of employment by Randi's Grill & Pub is contingent upon obtaining reference information learned through the above mentioned reference checks as well as upon the successful completion of a criminal history and background check. I understand that omitting material fact and/or providing false or misleading information or misrepresentations in my application, resume, or during the interview process may result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment. I understand that if employed, my employment will be at will and I will not have a guarantee of employment for any specific period of time unless otherwise provided in a written employment agreement signed by the Company President and me. Randi's Grill & Pub is an Equal Opportunity Employer, and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

DATE:	APPLICANT'S SIGNATURE:
	ALLEIOANT O GIONATONE.