

CAPRI RESTURANT GROUP, LLC

EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age citizenship, marital status, disability, the presence of non-related medical conditions or any other protected classification made unlawful by applicable federal, state or local laws

In order to be considered for employment, this application must be filled out completely.
Please write "N/A" if requested information is not available.

First Name	Middle Initial	Last Name	Social Security No.	Today's Date
Current Street Address		City	State	ZIP
Day Phone No.	Evening Phone No.	Alternate Phone No.		
Referral Source?	If you are under the age of 22, and applying for a position that requires you to serve alcohol, please state your date of birth / /			

If hired can you present evidence of your U.S. Citizenship or proof of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired can you submit proof of legal age to work in this state ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of legal age to serve alcohol in this state?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION

Do you have a relative working for the Capri Restaurant Group, LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is his/her position?	
Do you want to work: Part time (_____ hours per week) Full time (_____ hours per week)	
Do you presently have a job that you intend to keep?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any crime, excluding convictions that have been sealed, expunged, or legally eradicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(**Conviction will not necessarily disqualify an applicant from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.) If you answer "yes" please explain the circumstances surrounding such offense, including place, name of court.etc.	
In the table below, please indicate the days you CAN work. List the earliest and latest times you CAN work. Please account for travel time to and from other obligations (e.g., sports, classes, meetings, etc.). Being on time for a shift is mandatory.	

	MON	TUES	WED	THURS	FRI	SAT	SUN
Earliest Time In							
Latest Time Out							

Desired Position	Desired Wage	Desired Income Minimum amount of money you expect to make?	Date Available to Start
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Do you have reliable means of transportation to and from work for today and times you are available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work holidays and weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or do you plan to be, in school or taking courses at any time while working here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have other obligations or commitments that may affect your schedule(such as travel plans) please indicate the particular dates and times you are unavailable. _____	
(** You may omit any information legally protected characteristics such as age, disability, marital status, national origin, race, religion, or gender.)	

EDUCATION / HONORS

	Name & Location	Degree/Major	GPA	Graduated (Yes/No)
High School				
College/Other				
College/Other				

Do you agree not to bring any Company facility confidential information of any third parties that relates in any way to the restaurant industry and to keep confidential and not disclose any of the Company's or any third parties' confidential information ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read a job description for the position of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions required by the job either with or with reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List Personal References (other than immediate family):
Resumes, though welcome, should not be submitted in place of the information requested below.

EMPLOYMENT RECORD

Company Name (Present or most recent employer)		Address	Phone No.
Position(s) Held		Job Duties	
Dates of Employment From _____ (month/year) To _____ (month/year)		Rate of Pay Starting _____ Ending _____	Average Hours Worked/Week
Supervisor's Name	May we contact?	Reason for Leaving	

Company Name		Address	Phone No.
Position(s) Held		Job Duties	
Dates of Employment From _____ (month/year) To _____ (month/year)		Rate of Pay Starting _____ Ending _____	Average Hours Worked/Week
Supervisor's Name	May we contact?	Reason for Leaving	

Company Name		Address	Phone No.
Position(s) Held		Job Duties	
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Supervisor's Name	May we contact?	Reason for Leaving	

How many jobs have you held in the last 2 years? 0 1 2 3 4+

Have you ever been terminated from a job? Yes No

If yes, how many jobs have you been terminated from: 1 2 3 4+

Please explain all periods of unemployment:

REFERENCES

List professional references.

Name	Title	Company
Phone No.	Association with Applicant	
Name	Title	Company
Phone No.	Association with Applicant	

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

I authorize the Company to conduct any necessary investigation regarding my background (including inquires of me, prior or current employers, schools and other persons, institutions, or business, and checking motor vehicle records, and criminal records) as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requested authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information. I will agree to a drug test, if permitted by law, to be paid for by the Company. (The results of any drug tests may, consistent with applicable law, be used to make employment decisions, including decisions that relate to hiring and continued employment.) I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment. I understand and agree that if I am hired, my employment is "AT WILL" which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, with or without any advance notice. I understand that only the Owner/Member may change the AT-WILL status of any applicant or employee and may only do so in writing. I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my AT-WILL employment status. I understand that the Company, in sole discretion, may at any time change its personnel policies and may also change my job description, responsibilities, wages, and benefits.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE NOTICE AS DESCRIBED ABOVE AND THAT IF I AM HIRED I WILL BE AN AT-WILL EMPLOYEE.

Signature of Applicant

Date