

# JOEY B'S EMPLOYMENT APPLICATION

## *An Equal Opportunity Employer*

We do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, or disability. It is our intention that all qualified applicants will be given equal opportunity and that selection decisions be based on job-related factors.

Each question is to be answered fully and accurately. No action can be taken on this application until all questions have been answered. **PLEASE PRINT**, except for including your signature on the back of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

When could you start work? \_\_\_\_\_ Availability \_\_\_\_\_

Desired number of shifts/days to work: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Present Street Address City State Zip Code

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_ (If you are hired you may be required to submit proof of age)

Social Security Number \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you ever applied here before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Were you ever employed here? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Were you ever employed at any of the Gianino's family of Restaurants? Yes \_\_\_ No \_\_\_

If yes, which one and why did you leave? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to any law violation (Except speeding or parking violations)?

Yes \_\_\_ No \_\_\_ If yes, give details \_\_\_\_\_

(A **Yes** answer does not automatically disqualify you from employment, because the nature of the offense, date, and the job for which you are applying for will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Have you had your driver's license revoked in the last 3 years? Yes \_\_\_ No \_\_\_

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, gender, age, disability, or other protected status) \_\_\_\_\_  
 \_\_\_\_\_

**LIST NAME AND ADDRESS OF SCHOOLS**

<b>Number of Years Completed</b>	<b>Diploma, Degree, Certificate</b>	<b>Subjects Studied</b>
--	---	-----------------------------

High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide the firm's name and supply business references. **PLEASE PROVIDE MONTH AND YEAR.**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Job Titles and Duties

\_\_\_\_\_  
Address

Date of Employment: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

PAY: Start: \$ \_\_\_\_\_ Final: \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor Telephone

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Job Titles and Duties

\_\_\_\_\_  
Address

Date of Employment: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

PAY: Start: \$ \_\_\_\_\_ Final: \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor Telephone

\_\_\_\_\_  
Reason for Leaving

---

---

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Job Titles and Duties

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Employment:

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

PAY: Start: \$ \_\_\_\_\_ Final: \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor Telephone

\_\_\_\_\_  
Reason for Leaving

---

---

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Job Titles and Duties

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Employment:

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

PAY: Start: \$ \_\_\_\_\_ Final: \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor Telephone

\_\_\_\_\_  
Reason for Leaving

---

---

Have you worked under any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give names: \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been terminated from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

**NAME**

**ADDRESS**

**PHONE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_