

Uncle Eddie's Ristorante, Inc. – EMPLOYMENT APPLICATION

PLEASE FILL OUT FORM COMPLETELY

DATE: _____

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
NO. STREET CITY STATE ZIP

HOW LONG AT CURRENT ADDRESS? _____ SOCIAL SECURITY NO. _____ - _____ - _____

PHONE # _____ E-MAIL: _____

ARE YOU UNDER 18 YRS. OF AGE? YES NO

IF "YES" CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

ARE YOU CURRENTLY AUTHORIZED IN THE UNITED STATES? YES NO

(PROOF OF ELIGIBILITY WILL BE REQUIRED IF HIRED)

POSITION (S) APPLYING FOR AND WAGE DESIRED: 1. _____ 2. _____

AVAILABILITY: *NOTE EDDIES WORK WEEK GOES FROM WEDNESDAY – TUESDAY. MARK SHIFTS YOU ARE AVAILABLE

	WED	THURS	FRI	SAT	SUN	MON	TUES
AM							
PM							

HOW MANY HOURS PER WEEK CAN YOU WORK? _____

EMPLOYMENT DESIRED: FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

WHEN ARE YOU AVAILABLE TO BEGIN WORK AT UNCLE EDDIE'S? _____

EDUCATION:

SCHOOL TYPE	NAME OF SCHOOL	LOCATION	# OR YRS. COMPLETED	MAJOR & DEGREE	YR. GRADUATED
HIGH SCHOOL					
COLLEGE					
BUSINESS/TRADE					
PROFESSIONAL					

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO (NOTE A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

WERE YOU REFERRED BY A FORMER OR PRESENT EMPLOYEE OF EDDIE'S? YES NO
 IF "YES" WHO WAS THE EMPLOYEE? _____

MILITARY SERVICE:

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO
 ARE YOU CURRENTLY A MEMBER IN THE ARMED FORCES? YES NO

SPECIALTY: _____ DATE ENTERED: _____ DISCHARGE DATE: _____

WORK EXPERIENCE: (PLEASE LIST YOUR WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT JOB HELD. FILL OUT EVEN IF YOU ARE ATTACHING A RESUME. IF SELF EMPLOYED PLEASE PROVIDE REFERENCE CONTACTS.)

NAME OF EMPLOYER: ADDRESS: CITY, STATE, ZIP: PHONE #	NAME OF LAST SUPERVISER	EMPLOYMENT DATES	PAY OR SALARY
		FROM:	START:
		TO:	FINAL:
LAST JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC):			
NAME OF EMPLOYER: ADDRESS: CITY, STATE, ZIP: PHONE #	NAME OF LAST SUPERVISER	EMPLOYMENT DATES	PAY OR SALARY
		FROM:	START:
		TO:	FINAL:
LAST JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC):			
NAME OF EMPLOYER: ADDRESS: CITY, STATE, ZIP: PHONE #	NAME OF LAST SUPERVISER	EMPLOYMENT DATES	PAY OR SALARY
		FROM:	START:
		TO:	FINAL:
LAST JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC):			
NAME OF EMPLOYER: ADDRESS: CITY, STATE, ZIP: PHONE #	NAME OF LAST SUPERVISER	EMPLOYMENT DATES	PAY OR SALARY
		FROM:	START:
		TO:	FINAL:
LAST JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC):			

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO IF "NO" WHO DID? _____

AFTER REVIEWING THE ATTACHED JOB DESCRIPTION, PLEASE INDICATE IF YOU ARE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HASVE APPLIED, WITH OR WITHOUT A REASONABLE ACCOMMODATION: YES NO

PLEASE READ CAREFULLY THEN SIGN

I hereby authorize Uncle Eddie’s owners and/or management and/or any legal representative thereof to contact, obtain, and verify the accuracy of all information contained in this application from all previous employers, educational institutions, military branches and listed references. In addition I hereby release from any/all liability Uncle Eddie’s Ristorante and its legal representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations from providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application in any way constitutes a legal agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, provided that there is no violation of state or federal law.

Uncle Eddie’s Ristorante Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to an individual’s race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOU INTEREST IN
*UNCLE EDDIE’S RISTORANTE***

APPLICANT SIGNATURE

PRINT NAME

TODAY’S DATE