

# TELL US ABOUT YOURSELF

Today's Date: \_\_\_\_\_

Aroma Cafe   Barrelhouse 34   Billy Barooz   Cowboy Monkey   Guido's   Jupiter's Crossing  
 Jupiter's Main   Seven Saints   Soma   (CIRCLE THE NAME OF ANY ESTABLISHMENT WHERE YOU WOULD LIKE TO WORK)

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Driver's License State & Number: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Applying For:** (CIRCLE ALL THAT APPLY)

Management   Utility/Maintenance   Barback   Bartender   Busser  
 Host   Food Runner   Server   Line Cook   Prep Cook   Pizza Cook  
 Are you currently employed?   Yes   No   What wage are you seeking? \_\_\_\_\_ Per Hour  
 If hired, when are you able to begin? \_\_\_\_\_  
 Have you ever applied to any of our restaurants before?   Yes   No   If so, when? \_\_\_\_\_ Where? \_\_\_\_\_  
 Have you ever worked at any of our restaurants before?   Yes   No   If so, when? \_\_\_\_\_ Where? \_\_\_\_\_  
 How did you hear about us?   Online Ad   Newspaper   Walk-In   Referred by: \_\_\_\_\_  
 If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?   Yes   No

**Education:**

	High School	College / University	Other
Name & Location			
Number of Years Completed			
Diploma / Degree Received			

**Employment History:**

	Most Recent or Current Job	Job #2	Job #3
Company			
Address / Location			
Telephone Number			
Dates of Employment			
May We Contact This Employer			
Name of Supervisor			
Your Job Title			
Terms of Departure			
Did You Handle Cash In This Job			
Hourly Pay Rate			

How many jobs have you held in the last 2 years? \_\_\_\_\_ Please explain the circumstances: \_\_\_\_\_

**Work Schedule:**

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How many hours per week are you available to work? \_\_\_\_\_ Are you willing to work holidays and weekends?   Yes   No  
 Our earliest shift begins at 6:00am and our last shift ends at 4:00am. Do you have a reliable method of transportation during our hours of operation?   Y   N  
 Do you have any scheduled obligations, i.e. vacations, weddings, holidays, school, exams, etc., coming up that your manager needs to know about?   Y   N  
 If yes, please note the dates that you will need to be scheduled off: \_\_\_\_\_

**Miscellaneous:**

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations?   Yes   No  
 If no, describe the functions that cannot be performed: \_\_\_\_\_

**Note:** We comply with the Americans With Disabilities Act (ADA) and consider reasonable accommodations that may be necessary for eligible applicants/employees to perform essential functions of the job

**Background:**

Have you ever been fired or asked to resign from a job?   Yes   No  
 If yes, from what employer and for what reasons? \_\_\_\_\_  
 Have you ever been disciplined or terminated for sexual harassment?   Yes   No  
 Have you ever been convicted of a crime (excluding a marijuana related charge)?   Yes   No

**Personal information:**

I certify that the information given by me and in connection with this application is true and complete in all respects. I agree that if I am employed and such information is found to be false or incomplete in anyway, at any time, I may then be subject to immediate dismissal without notice. I authorize the use of any information in this application to enable CMT Ventures to verify my statements. I authorize past employers, all references, and any other persons to answer all questions asked by CMT Ventures concerning my ability and employment record, I release such entities from any liability and damages arising out of its use and or reliance on such information and documents requested. I also understand and agree that:

- 1. If employed, I am to work faithfully and diligently, to be careful and avoid accidents, and to comply with all present and subsequently issued CMT Ventures rules and policies.
2. This application is not an offer of employment, nor a contract of employment, and nothing contained in this application, any handbook, policy manual, or other CMT Ventures correspondence or document or in granting an interview is intended to create a contract between CMT Ventures and me for either employment or the provision of any benefits.
3. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding on CMT Ventures unless made in writing and signed by the owners. No manager, supervisor, or representative of CMT Ventures, except it's president, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
4. If employed, I understand and agree that employment is at will and for no definite. And that, regardless of the time and manner of payment of wages or salary, my employment and compensation may be terminated at any time, at the option of either CMT Ventures or myself, with or without cause, and with or without previous notice.
5. I further understand that any offer of employment is conditioned on my being able to perform the essential functions of the position desired with any appropriate reasonable accommodation.
6. Upon termination of employment, CMT Ventures may answer all questions asked by a prospective employer concerning my ability and employment record, and I release CMT Ventures from liability for damages arising out of responses to any such questions.
7. I understand that CMT Ventures intends to maintain a drug-free workplace for the health and safety of its employees and others. To this end, I voluntarily consent and agreed to participate in and cooperate with his program to the extent requested by CMT Ventures. I further understand and agree that I may be required by CMT Ventures to undergo and successfully complete testing for alcohol and control substances as a condition for initial employment and, if employed, whenever requested by CMT Ventures.
8. I authorize CMT Ventures to conduct or have a thorough investigation concerning myself and my background, including a criminal background, including a criminal background investigation, and to have prepared a consumer investigative report, in connection with my application for employment. I agreed to cooperate in any such investigation, and I understand that any offer of employment by CMT Ventures or continued employment, if already employed, is contingent on the results of such investigation. I further understand that I have a continuing duty to immediately disclose to CMT ventures any and all criminal charges and convictions as requested on this application that pertain to me from any prior liability or damages arising out of obtaining or out of its use and reliance on such information.
9. I authorize that all past employers, references, investigative agency's, bureaus, law-enforcement agencies, schools, and any other person or government authorities to supply any information or specified or requested in this application concerning my background and myself. I release CMT Ventures from any liability for damages arising out of obtaining or out of its use and reliance on such information.
10. I understand that I will be notified in the event that CMT Ventures has requested and may use a consumer investigative report for employment purposes. I also understand that, upon my written request to CMT Ventures, I will be provided with the name and address of the consumer reporting firm and that I have the right to receive from the consumer reporting firm, a complete and accurate disclosure of the nature and scope of any consumer investigation report that has been prepared for CMT Ventures. I also understand that if employment with CMT Ventures is denied based wholly or in part on the information contained in the consumer investigative report, upon my written request to CMT Ventures, I will be provided with the name and the address of the consumer reporting firm which, upon request will provide me with information regarding its report.

I have read the above certification and agreement and fully understand it and agree to his terms. Sign: \_\_\_\_\_ Date: \_\_\_\_\_

FOR COMPANY USE ONLY

Check either a or B

Table with 6 columns labeled 110, 115, 210, 215, 310, 315

A) The applicant did not receive a first interview due to: (parentheses please check one of the following)

- Missing, illegible or incomplete information
Schedule availability inconsistent with restaurant needs
Previous job history/wage requirements inconsistent with restaurant needs
Under age employability inconsistent with restaurant needs
Applicant's expectations/standards inconsistent with restaurant needs

B) The applicant received a first interview on: \_\_\_\_\_
The reference check below was conducted on: \_\_\_\_\_

Reviewer's name/title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone reference introduction:

Hello, this is \_\_\_\_\_ with \_\_\_\_\_ and I would like to verify some employment information on \_\_\_\_\_ who is applying for the position of \_\_\_\_\_. May I verify some information regarding their work history?

Company name: \_\_\_\_\_
Phone: \_\_\_\_\_
Person to contact: \_\_\_\_\_
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_
Reason for leaving: \_\_\_\_\_
[ ] Resigned with notice
[ ] Resigned without notice
[ ] Terminated
Eligible for rehire: Yes No Unsure
Overall, how would you rate this person to people you have worked with in similar positions? Strong OK Concerns

Company name: \_\_\_\_\_
Phone: \_\_\_\_\_
Person to contact: \_\_\_\_\_
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_
Reason for leaving: \_\_\_\_\_
[ ] Resigned with notice
[ ] Resigned without notice
[ ] Terminated
Eligible for rehire: Yes No Unsure
Overall, how would you rate this person to people you have worked with in similar positions? Strong OK Concerns

Company name: \_\_\_\_\_
Phone: \_\_\_\_\_
Person to contact: \_\_\_\_\_
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_
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Eligible for rehire: Yes No Unsure
Overall, how would you rate this person to people you have worked with in similar positions? Strong OK Concerns