

References:

List below (3) three references who are unrelated to you, and have known for at least one year.

Name: _____ Title/Occupation: _____

Address: _____ Phone #: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Title/Occupation: _____

Address: _____ Phone #: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Title/Occupation: _____

Address: _____ Phone #: _____

Relationship: _____ Years Acquainted: _____

Certification:

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by an authorized company representative, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Rococo Restaurant and Fine Wine, except in a specific written contract of employment signed on behalf of the organization by an authorized company representative, has the power to alter or vary the voluntary nature of the employment relationship.

I have carefully read the above certification and I understand and agree to its terms.

Applicant Signature

Date



It is the policy of Rococo Restaurant and Fine Wine to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Personal Information:

Name: _____

Street Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

How long at present address? _____ Years. _____ Months.

Mailing Address: _____ Apt/Suite # _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Pager #: _____

Emergency Phone#: _____

Are you at Least 18 years old? _____ Yes. _____ No.

Desired Employment:

Job/Position applied for: _____. Salary desired: \$_____ per _____.

If you are offered employment, when would you be able to begin work? _____.

Are you willing to work any shift, including nights and weekends? _____ Yes. _____ No.

If no, please state limitations and availability below:

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Are you legally eligible for employment in the United States? _____ Yes. _____ No.
 Are you able to perform the essential functions of the job/position with or without reasonable accomodation? _____ Yes. _____ No.

What reasonable accomodation, if any, would you require? _____

Employment History:

List below last (3) three employers, starting with the most recent one first.

Name of Present or Last Employer _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Supervisor's Name: _____ Title: _____
 May we contact your Supervisor? _____ Yes. _____ No.
 Phone #: _____
 Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____
 Job Title: _____
 Reason For Leaving: _____
 Job Duties Performed: _____

Name of Previous Employer _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Supervisor's Name: _____ Title: _____
 May we contact your Supervisor? _____ Yes. _____ No.
 Phone #: _____
 Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____
 Job Title: _____
 Reason For Leaving: _____
 Job Duties Performed: _____

Name of Previous Employer _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Supervisor's Name: _____ Title: _____
 May we contact your Supervisor? _____ Yes. _____ No.
 Phone #: _____
 Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____
 Job Title: _____
 Reason For Leaving: _____
 Job Duties Performed: _____

Education & Training:

High School:

Name: _____

Address: _____

Last Grade Completed? _____ 9 _____ 10 _____ 11 _____ 12.

College:

Name: _____

Address: _____

Did you receive a degree? _____ Yes. _____ No. If yes, degree received _____

Other Training (graduate, vocational, technical):

Name: _____

Address: _____

Did you receive a degree? _____ Yes. _____ No. If yes, degree received _____

Awards, Honors, Special Achievemnants:

Applicant's Skills:

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five respresents exceptional ability.)

Skill	Years of experience	Ability Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5