

JOB APPLICATION

Thank you for your interest in employment with Tony Boffa's Restaurant.

Please type or print all information on your application. Applicants requiring reasonable accommodation to complete the application and/or interview process should notify Tony Boffa's Restaurant. Incomplete applications will not be considered.

GENERAL INFORMATION				
POSITION APPLYING FOR:			DATE OF APPLICATION:	
DATE AVAILABLE FOR WORK:			TYPE OF EMPLOYMENT SOUGHT: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
NAME & ADDRESS				
NAME (LAST, FIRST, MIDDLE):			HOME TELEPHONE:	
MAILING ADDRESS:			WORK TELEPHONE:	
CITY:	STATE:	ZIP CODE:	OTHER TELEPHONE: <input type="checkbox"/> Cellular <input type="checkbox"/> Pager <input type="checkbox"/> Message	
EMAIL ADDRESS:			SOCIAL SECURITY NUMBER:	
EDUCATIONAL BACKGROUND				
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A G.E.D. CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SCHOOL, COLLEGE OR UNIVERSITY	CITY & STATE	COURSE OF STUDY (MAJOR)	DID YOU GRADUATE ? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR CERTIFICATION RECEIVED
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRAINING & OTHER QUALIFICATIONS				
WHAT OTHER PROFESSIONAL OR JOB-RELATED TRAINING HAVE YOU COMPLETED? ¹				
WHAT PROFESSIONAL OR JOB-RELATED LICENSES OR CERTIFICATES DO YOU HOLD? ¹				
EMPLOYMENT HISTORY				
List your employment history, starting with your current or most recent position. Note that in order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume <i>in addition to</i> completing this section. If you need additional space, please feel free to attach additional pages.				
JOB TITLE:		DATES EMPLOYED FROM: _____ TO: _____		
EMPLOYER:		STARTING RATE OF PAY: \$ _____	FINAL RATE OF PAY: \$ _____	
ADDRESS:		PHONE NUMBER:		
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	
REASON FOR LEAVING (BE SPECIFIC):			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

¹ Exclude any information that would reveal race, color, religion, sex, sexual orientation or preference, gender identify, marital or familial status, national origin, age, mental or physical disability, veteran status, source of income, or any other similarly protected status.

EMPLOYMENT HISTORY (continued)

JOB TITLE:			DATES EMPLOYED FROM: _____ TO: _____	
EMPLOYER:			STARTING RATE OF PAY:	FINAL RATE OF PAY:
ADDRESS:			PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	
REASON FOR LEAVING (BE SPECIFIC):				

JOB TITLE:			DATES EMPLOYED FROM: _____ TO: _____	
EMPLOYER:			STARTING RATE OF PAY:	FINAL RATE OF PAY:
ADDRESS:			PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	
REASON FOR LEAVING (BE SPECIFIC):				

JOB TITLE:			DATES EMPLOYED FROM: _____ TO: _____	
EMPLOYER:			STARTING RATE OF PAY:	FINAL RATE OF PAY:
ADDRESS:			PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:	SUPERVISOR'S NAME & TITLE:	
REASON FOR LEAVING (BE SPECIFIC):				

GENERAL BACKGROUND

1. ARE YOU ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATIONS, TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
2. ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
3. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
4. HAVE YOU EVER SUBMITTED A JOB APPLICATION TO TONY BOFFA BEFORE? <small>If "YES", provide date(s) and position(s):</small>	<input type="checkbox"/> YES		<input type="checkbox"/> NO
5. HAVE YOU EVER BEEN EMPLOYED BY TONY BOFFA BEFORE? <small>If "YES", provide date(s) and position(s):</small>	<input type="checkbox"/> YES		<input type="checkbox"/> NO
6. HAVE YOU EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT? ² <small>If "YES", provide date(s) and details:</small>	<input type="checkbox"/> YES		<input type="checkbox"/> NO
7. HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION) WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? ² <small>If "YES", provide date(s) and details:</small>	<input type="checkbox"/> YES		<input type="checkbox"/> NO
8. IF REQUIRED FOR THE POSITION, DO YOU POSSESS A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER:	STATE:

² An answer of "YES" does not automatically disqualify you from employment.

REFERENCES

List the name and telephone number of three business/work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME:	TITLE:	RELATION:	TELEPHONE:
NAME:	TITLE:	RELATION:	TELEPHONE:
NAME:	TITLE:	RELATION:	TELEPHONE:

APPLICANT STATEMENT

Please read the following statements carefully as they constitute conditions for employment:

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that maybe requested to arrive are an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release Tony Boffa's Restaurant from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
5. In the event that I am employed, I agree to conform to all Tony Boffa's rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the Tony Boffa's Resturant or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the owners of Tony Boffa's may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the owners of Tony Boffa's Restaurant.
6. Although the owners makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
7. I agree to protect confidential information, trade secrets, and proprietary information Tony Boffa's Restaurant donors, vendors, licensers, marketing partners, or clients entrusted to Tony Boffa's Restaurant and I will not disclose to Tony Boffa's Restaurant any confidential information of others.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGNATURE	DATE
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