



**RESTAURANT EMPLOYMENT APPLICATION  
AN EQUAL OPPORTUNITY EMPLOYER**

7380 STATE ROAD AT PLEASANT VALLEY ROAD • 440-886-6242

IDENTIFICATION

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ How long at current address: \_\_\_\_\_

PERSONAL

Are you under 18? \_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, can you provide proof of your eligibility to work? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently authorized to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO. Proof of eligibility will be required if hired.

Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO. (A conviction record will not necessarily disqualify you from employment.)

Do you have a driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO. If hired, what is your means of transportation to work? \_\_\_\_\_

How did you learn of this opening? (Be specific) \_\_\_\_\_

Were you previously employed by Stancato's \_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, list dates, location, position held and supervisor's name:  
 \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ ( \_\_\_\_\_ )  
Name Relation Phone

EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Employment desired:     FULL-TIME ONLY                       PART-TIME ONLY                       FULL or PART-TIME

When are you available to start work? \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Please indicate below the days and hours on those days that you would be available to work:

Sunday:     YES     NO    Hours: \_\_\_\_\_

Monday:     YES     NO    Hours: \_\_\_\_\_

Tuesday:     YES     NO    Hours: \_\_\_\_\_

Wednesday:     YES     NO    Hours: \_\_\_\_\_

Thursday:     YES     NO    Hours: \_\_\_\_\_

Friday:     YES     NO    Hours: \_\_\_\_\_

Saturday:     YES     NO    Hours: \_\_\_\_\_

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

EMPLOYMENT HISTORY

DATE, MONTH, YEAR	EMPLOYER'S NAME, ADDRESS, SUPERIOR'S TITLE/NAME, PHONE	JOB TITLE & DUTIES	SALARY		REASON FOR LEAVING
			START	FINISH	
From					
To					
From					
To					
From					
To					
From					
To					

Military Service: Dates of Service: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

REFERENCE INFORMATION

Please list below three people you have known at least one year (excluding relatives).

NAME	COMPANY	POSITION	ADDRESS	PHONE NUMBER
1.				( ) -
2.				( ) -
3.				( ) -

May we contact the past and/or present employers listed above? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, indicate those you do not want us to contact: \_\_\_\_\_

Are you known to schools/references by another name? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please indicate the name(s): \_\_\_\_\_

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Stancato's Italian Restaurant, I agree that:

Neither the acceptance of this application, nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Stancato's practices, shall serve to create an actual or implied contract of employment, \_\_\_\_\_ or to confer any right to remain an employee of Stancato's, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, \_\_\_\_\_ and the relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of Stancato's. \_\_\_\_\_ Both the undersigned and Stancato's may end the employment relationship at any time, without specified notice or reason. \_\_\_\_\_ If employed, I understand that Stancato's may unilaterally change or revise their benefits, policies and procedure and such changes may include reduction in benefits. \_\_\_\_\_

I authorize investigation of all statements contained in this application. \_\_\_\_\_ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. \_\_\_\_\_ I hereby give Stancato's permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release Stancato's from any liability as a result of such contact. \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_