Bittersweet 1 s t r o

Application for Employment

At the BITTERSWEET BISTRO, all employees are required to work all holidays which include, but are not exclusive to <u>Christmas Eve, New Years Eve & Day Valentines Day, Easter, Mother's Day, and Father's Day</u>. If working any holiday is a problem, do not continue with the application. Inability to work any holiday is grounds for termination.

Name: Last	First	Middle I.	Date	
Street Address	City	_ State	_ Zip	
Position applied for	r			
How did you hear of	of this opening?			
When can you star	t Desired Wage	\$		
When can you start Desired Wage \$ Do you have a ServeSafe Certificate? [] Yes [] No and/ or a L.E.A.D. certificate [] Yes [] No Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? [] Yes [] No Are you 18 years of age or older? [] Yes [] No Are you looking for full-time employment? [] Yes [] No Are you willing to work the early shift? [] Yes [] No Are you willing to work late? [] Yes [] No Are you applied to BITTERSWEET BISTRO for employment before? [] Yes [] No				
Position applied for Do you have relativ	r ves that currently work for BITTERSWEET BIST	RO?		

[]Yes []No If yes, whom?

Would you be willing to cross-train for different positions within the BITTERSWEET BISTRO workforce? [] Yes [] No

If you were referred by a current employee of BITTERSWEET BISTRO, please give their name

*If called for an interview, a social security number must be given. **References: Please list three persons not related to you.**

	t three percente not related		
NAME	ADDRESS & TELEPHONE	BUSINESS	YEARS KNOWN

Education

SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR	DID YOU GRADUATE/ DEGREE
High School				
College or University				
Other				

Check special skills or training/experience:

- [] Customer Relations
 -] Sales
- [] Food Service/Food Description
- [] Wine

- [] Espresso Bar
- [] Cash Register/Money Handling
- [] General Computer Skills
- [] Drinks/Bartending

Other Information

Subjects of special study or research work	
Special training	
Activities (civic, athletic, etc)	
	·····

In addition to your work history, are there any other skills, qualifications, or experience we should consider?

Employment History (start with most recent employer) FILL OUT COMPLETELY – DO NOT WRITE "see resume"

Company name		Telephone ()		
	Starting Position			
Date Ended	Ending Position			
Name of Supervisor		May we contact? [] Yes [] No		
Responsibilities:				
Reason for leaving				
Company name		Telephone ()		
	Starting Position			
Date Ended	Ending Position			
Name of Supervisor		May we contact? [] Yes [] No		
Responsibilities:				
Reason for leaving				
		Telephone ()		
	Starting Position			
	Ending Position			
Name of Supervisor		May we contact? [] Yes [] No		
D				
Responsibilities:				
Reason for leaving		Telephone()		
Reason for leaving Company name Address		Telephone()		
Reason for leaving Company name Address Date Started		Telephone ()		
Reason for leaving Company name Address Date Started Date Ended	Starting Position	Telephone ()		
Reason for leaving Company name Address Date Started Date Ended Name of Supervisor	Starting Position	Telephone() May we contact?[]Yes []No		
Reason for leaving Company name Address Date Started Date Ended Name of Supervisor Responsibilities:	Starting Position Ending Position	Telephone() May we contact?[]Yes []No		

Scheduling Information

Please complete the following chart in full by marking with an "X" the hours you can work on the specified days. This information must include your current schedule as well as any changes you may anticipate due to school, etc. Be thorough, this is the information we will be using to make your weekly schedule. We expect that you will be working the days and hours you have stated. You are expected to work weekends & holidays.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before							
5:00 AM							
6:00 AM		C					
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM	▏	▏┗━╸					
11:00 AM							
12:00 AM							
1:00 PM							
2:00 PM		S					
3:00 PM	S						
4:00 PM							
5:00 PM							
6:00 PM	E	E					
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00PM							
AFTER							

In the event of an emergency who should we contact?

Name		_ Relationship
Telephone ()Address	

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history, I understand that employment at this company is "at will, " which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Signature of Applicant

Date