APPLICATION FOR EMPLOYMENT

Main Street Cafe, an Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Nan	Last Name First Name			2	Middle Initial			Social Security Number:		
Street Address City/State				Zip Code			Phone Number:			
If hired, can you provide evidence of legal U.S.?				gal eligibility	y to work in the	Fu	ll Time?			
Position Desired: Wage/Salary Desired				ry Desired:	Part Time?					
Have you ever been convicted of a felony, a misdemeanor involving any violent act, or possession of a weapon, or act of				elony, or	If yes, when?		If yes,	where?		
dishonesty for which the record has sealed or expunged, or do you have										
case pending? Date you can begin work? Are you 18 y				ears of age o	or older?					
Name of high school attended:				City & State		Graduate?		GE	D?	
Name of college or technical school:			ool:	City & State		Graduate?		Deg	gree?	Major:
Are you presently enrolled in school?				ol? If yes, give name & address of school and expected degree date:						
List any job-related skills or accomplishments, including military service:										
				- Vour Avai	lability For Wo	rk -				
Monday Tuesday		Wednesday			iday	Sati	ırday	Sunday		
From: To:									,	
Total hours per week you are available to work:				Do you have any special requests or needs for a work schedule?						
	- Give Thr	ee Refere	nces T	That Are No	t Former Empl	oyers	Who W	e May C	ontact -	
Name and Occupation How			do you know them, and for how lo			ong?		Phone	Number	

Your Employment History

List names of employers with present or last employer listed first. Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title:	
•	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
•	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
Name of Employer:	Job Title:	
•	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
Name of Employer:	Job Title:	
• •	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with **Main Street Cafe** any employment relationship with the **Main Street Cafe** is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.				
Signature:	Date:			

APPLICATION FOR EMPLOYMENT

Fredonia Family Restaurant, an Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name First Name		me Middle Initial		al	Social Se		Security 1	ecurity Number:		
Street Address City/State			Zip Code				Phone Number:			
	can you provid	le evidence	e of le	gal eligibilit	y to work in the	Fı	ıll Time?			
U.S.?		1								
Position Desired: Wage/Salar				· · · · · · · · · · · · · · · · · · ·						
Have you ever been convicted of a fe				•	•			where?		
	meanor involv									
-	ssion of a we	-								
	sty for which									
case pen	r expunged, c iding?	or ao you	nave	sucn a						
	can begin	Are yo	u 18 v	ears of age of	or older?					
work?										
										-
Name of high school attended:			City & State		Gra	Graduate?		D?		
Name of	college or tech	nnical scho	ool:	City & State		Graduate?		De	gree?	Major:
Are you presently enrolled in school?				1? If yes, give name & address of school and expected degree date:						
Aic you	presently emor	iica iii sciii	501:							
List any	job-related ski	lls or acco	mplish	nments, inclu	iding military se	rvice				
				Vous Avoi	ilability For Wo	nl,				
Monday Tuesday			Wednesday			riday	Sat	urday	Sunday	
From:	Wionday	Tucsuay		Wednesday	Thursday	11	iday	Sat	uruay	Sunday
To:										
Total hours per week you are				Do you have any special requests or needs for a work schedule?						
available to work:										
				•						
	- Give Thr	ee Refere			t Former Empl			e May C	Contact -	
Name and Occupation How			do you know them, and for how long?			ong?		Phone	Number	

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Name of Employer:	Job Title:			
	Duties:			
Address:	Dates of Employment:			
	From:	To:		
City, State, Zip Code	Hourly pay or salary:			
	Starting pay:	Ending pay:		
Supervisor:	Reason for Leaving:			
Telephone:	_			
Name of Employer:	Job Title:			
	Duties:			
Address:	Dates of Employment:			
	From:	To:		
City, State, Zip Code	Hourly pay or salary:			
	Starting pay:	Ending pay:		
Supervisor:	Reason for Leaving:			
Telephone:				
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• •	Duties:			
Address:	Dates of Employment:			
	From:	To:		
City, State, Zip Code	Hourly pay or salary:			
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Telephone:	-			
		·		

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I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.	
Signature:	Date: