

GIORDANO'S RESTAURANT of Martha's Vineyard

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PLEASE SEND COMPLETED
APPLICATIONS TO:
Giordano's Restaurant
PO BOX 527
Oak Bluffs, MA 02557

**In order for you to be considered for employment, this application must be filled out in its ENTIRETY.
Resumes, though certainly welcome, should not be submitted in lieu of information requested below.**

GENERAL

PLEASE PRINT

Date: _____
Month Date Year

Name: _____ Social Security No: _____ / _____ / _____
First Middle Last

Present Address: _____
(If less than 2 years at current address) Street City State Zip

Previous Address: _____
Street City State Zip

Age _____ Birth Date _____ Day Phone: () _____

If Under 21: _____ If Under 21: _____ Evening Phone: () _____
Month Day Year If none, give contact number.

Are you legally able to work in the United States? Yes No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

(SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED.) For what position are you applying?
 Server Host Bartender Busser / Server Ass't Expected Starting Hourly Rate
 Line Cook Production Dishwasher / Utility Other Expected Weekly Earnings: _____

Who referred you to GIORDANO'S RESTAURANT? _____ Date available for employment _____

Are you presently or have you ever been employed by GIORDANO'S RESTAURANT Yes No

Location: _____ Dates: _____

Have you ever been convicted of a felony which has not been annulled or sealed by a court? Yes No If yes, please explain above:
(Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)

Relatives Employed by GIORDANO'S RESTAURANT:
Name Location Relationship
(Relatives employed by the company will not necessarily exclude you from employment but will be considered for job placement to avoid a direct supervisory relationship between relatives.)

WORK SCHEDULE AVAILABILITY

Are you willing to work a split shift? Yes No Are you willing to stay late in an emergency? Yes No

Are you willing to work holidays / weekends? Yes No How many hours per week do you expect to work? _____

What Days and Nights are you available? _____

EDUCATION

Type of School	Name of School	Location of School	Courses Majored in	Last Year Completed	Diploma Yes No <input type="checkbox"/> <input type="checkbox"/>	Grade Avg.
High School				9 10 11 12		
College/ Other				1 2 3 4	Degree Yes No <input type="checkbox"/> <input type="checkbox"/>	Grade Avg.

VOLUNTEER & MILITARY EXPERIENCE

Volunteer Experience: (Exclude activities relating to race, religion, color, ancestry, age, national origin, gender or disability.) _____

Skills Acquired: _____

U.S. Military Experience: (If applicable) _____

Skills Acquired: _____

BUSINESS EXPERIENCE

(List most recent three employers)

Present Employer (or most recent)	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State Zip Code	Salary		Reason For Leaving	
Previous Employer	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State Zip Code	Salary		Reason For Leaving	
Previous Employer	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State Zip Code	Salary		Reason For Leaving	

I UNDERSTAND THAT GIORDANO'S RESTAURANT HAS IN PLACE A DISPUTE RESOLUTION PROCEDURE, AND I FURTHER ACKNOWLEDGE AND AGREE THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT, ANY DISPUTE BETWEEN ME AND GIORDANO'S RESTAURANT RELATING TO MY EMPLOYMENT AND/OR MY SEPARATION FROM EMPLOYMENT, SHALL BE SUBMITTED WITHIN ONE (1) YEAR OF THE DAY WHICH I LEARNED OF THE EVENT AND SHALL BE RESOLVED PURSUANT TO THE TERMS AND CONDITION OF THE DISPUTE RESOLUTION

NOTICE TO TIPPED EMPLOYEES: You are hereby notified that Section 3(m) of the Fair Labor Standards Act (The Federal Minimum Wage Law) provides as follows: In determining the wage of a tipped employee, the amount paid such employee shall be at least an amount equal to the cash wage of \$2.13 an hour and an additional amount of the tips received by such employee which amount is equal to the difference between \$2.13 an hour and the current minimum wage in effect. The additional amount on account of tips may not exceed the value of the tips actually received by an employee. The preceding two sentences shall not apply with respect to any tipped employee unless such employee has been informed by the employer of the provisions of the section and all tips received by such employee have been retained by the employee, except that nothing herein shall prohibit the pooling of tips among employees who customarily and regularly receive tips. Some states have eliminated the tip credit or require a lower percentage of the tip credit than the Federal Minimum Wage Law, in which case State Law will apply.

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS OF GIORDANO'S RESTAURANT. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF GIORDANO'S RESTAURANT OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY.

IT IS THE POLICY OF GIORDANO'S RESTAURANT TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

DATE _____ SIGNATURE OF APPLICANT _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED.