APPLICATION FOR EMPLOYMENT



CIOVE kitchen & bar

DEAR APPLICANT:

Welcome to Crave Kitchen & Bar. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

We believe that good enough isn't.

We believe in doing business in a professional and orderly manner.

We believe in honesty and integrity.

We believe that only a happy and professional staff can give the level of personal service we demand.

We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.

We believe in providing legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.

We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application and deliver to: 300 Cincinnati (Kern Place) El Paso, Texas 79902 or 11990 Rojas El Paso, Texas 79936

Crave Kitchen & Bar - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for			Date/		
How did you find out about this jo	b? ☐ Newspaper ☐ Employee ☐	■ Walk-in □ Relative □ (Other		
Why are you seeking a new job at	this time?				
Applicant Informa	ition				
First Name	Middle	Last			
Street Address	Social Security No				
City/State/Zip	tate/Zip Phone ()				
If hired, do you have a reliable me	ans of transportation to get to work?	Describe			
Are you at least 18 years old?	If you are under 18 years of ag	ge, can you furnish a work po	ermit?		
Are you legally eligible for employ Have you been convicted of a crime's clude marijuana-related convictions the	uires driving: Driver's License No yment in the U.S.? (Proof ? (Massachusetts applicants should not i nat occurred more than 2 years prior to the clude dates and places. (NOTE: The existe	f of U.S. citizenship or immig include misdemeanor conviction ne application date.) \square Yes	gration status is required if hired.) ns; California applicants should not in No If yes, state the nature of th		
	If yes, give dates of servio				
•	ne or temporary employment?				
What hours and shift(s) would you	prefer to work?				
List times you are not available to	work?				
Are you willing to work overtime?	Weekends?	Holidays?			
Are you currently employed?	If hired, when would you b	e able to start?			
Have you ever worked for this org	anization before? If yes	s, name used:			
List any friends or relatives emplo	yed by this company:				
Have you ever been discharged or	asked to resign from any position?	If yes, please des	cribe:		
tasks with or without reasonable a	tached job description for the position commodation? Please description accommodation you will need:	ibe which tasks, if any, you v	vill need accommodation to		
			_		

	ntary: 1 2 3 4 5 6 7 8 of School:	•	
ocation of School: Location of School: To high school, are you enrolled in a recognized co-op program? □ Yes □ No			
	•		
es,	identify program and school:		Minor:
۷c	ork History (please begin	with most recent)	
1.	Company		Phone No. with Area Code ()
	Address		City/State/Zip
	Dates of Employment: From	To	Salary: Beginning Ending
	Job Title		Supervisor's Name & Title
	Describe duties briefly:		
	Specific reason for leaving:		
2.	Company		Phone No. with Area Code ()
			City/State/Zip
			Salary: Beginning Ending
			Supervisor's Name & Title
3.			Phone No. with Area Code ()
			City/State/Zip
			Salary: Beginning Ending
			Supervisor's Name & Title
	Specific reason for leaving:		
l .			Phone No. with Area Code ()
			City/State/Zip Ending Ending
			Supervisor's Name & Title
			Supervisor s ivanic & Title
	-		
		·	rganizations or attended school under a different name?
N	May we contact the employers lis	ted above? If not, list t	the employers you do not wish us to contact and why:

Authorizations & At-Will Employment Agreement

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date
<u> </u>	
Name (please print)	