

# *Nanna's*

## Employment Application

124 E. 8<sup>th</sup> St.  
Georgetown, TX 78626  
512/863-3442

PLEASE COMPLETE ALL INFORMATION.	DATE _____		
Name _____			
Last	First	Middle	Maiden
Present address _____		_____	
Number	Street	City	State Zip
How long at present address _____	Social Security No. _____ - _____ - _____		
Telephone (____) _____	EMAIL: _____		
Age _____	D.O.B. _____		
Position applied for _____	Days/hours available/willing to work		
Salary desired ( <u>Be specific</u> ) _____	No Pref _____	Thu _____	_____
	Mon _____	Fri _____	_____
	Tue _____	Sat _____	_____
	Wed _____	Sun _____	_____
How many hours can you work weekly? _____		Can you work nights and weekends? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When are you available for work? _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

PLEASE PRINT ALL  
INFORMATION REQUESTED

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Do you have transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  
 Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Restaurant Experience

Yes  
Restaurant Experience?  No Type \_\_\_\_\_ Location \_\_\_\_\_  
Restaurant Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL INFORMATION REQUESTED

APPLICATION FOR EMPLOYMENT

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list any job related positions or your work experiences beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

May we contact your present employer?     Yes     No

If not, why? \_\_\_\_\_

Did you complete this application yourself       Yes     No

If not, who did and why? \_\_\_\_\_



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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Nonna's Cucina** (hereinafter called "the Company"), 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 Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Nonna's Cucina**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and **Nonna's Cucina** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures 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 the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.**

**I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.**

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, **Nonna's Cucina**, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I also understand that I may be required to sign a "Non-Disclosure/Non-Compete" form for proprietary and intellectual information. I also understand that I will be required to obtain a health license at the local health department at my own expense. Uniforms are required and I will be required to wear dark pants and shoes, or provide the adequate uniform for my position. **I further understand that my employment with the Company shall be probationary for a period of ninety (90) days**, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**I also understand that within a 3 week period of the start of my employment I will pay for and attend a health class presented by the Department of Health in Georgetown. I understand that the cost for this class is my personal responsibility to remain employed with Nonna's Cucina.**

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

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**Nonna's Cucina** is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business and joining our team. Please mail or return by hand to the address located on the first page of this application.