

La Fondue

Employment Application

The filing of this Application does not indicate that there are positions open and it in no way obligates La Fondue ("Employer"). The information contained herein is the property of Employer.

IMPORTANT NOTICE: This is a very significant document. Be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in the end of employment, if inaccurate or omitted information is discovered after employment has begun. Please attach additional sheet(s), if space provided is insufficient.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
Date Available		Compensation Expectations	
How did you hear about this position?			
EMPLOYMENT DESIRED			
Are you legally eligible to work in the U.S.? YES NO			
Position you are applying for:			
Type of Employment Desired (please circle all applicable): Full-time Part-time			
How many hours/week are you available?			
What days/week are you available?			
Are you currently employed? YES NO			
If "NO", please explain:			
Do you have any other employment or other obligations (e.g., school) that would continue if you were hired by us? YES NO			
If "YES", please explain:			
Have you ever applied to work at the Plumed Horse, La Fondue, and/or Pasta Armellino before? YES NO			
If "YES", please explain:			
Do you have any friends or relatives who currently work at the Plumed Horse, La Fondue, and/or Pasta Armellino before: YES NO			
If "YES", please explain:			
Have you worked before at the Plumed Horse, La Fondue, and/or Pasta Armellino? YES NO			
If "YES", please provide the name of the restaurant(s), position(s), dates of employment, and reason for leaving:			

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES FROM CURRENT AND/OR FORMER SUPERVISORS.	
1) Full Name	Relationship
Company	Phone
2) Full Name	Relationship
Company	Phone
3) Full Name	Relationship
Company	Phone

CURRENT AND PREVIOUS EMPLOYMENT		
1) Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
Dates of Employment	Reason for Leaving	
2) Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
Dates of Employment	Reason for Leaving	
3) Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
Dates of Employment	Reason for Leaving	

ACKNOWLEDGEMENTS	
Please read carefully and initial each item below:	
_____	Truthful Information: I hereby certify that all of the information provided by me for this job application is true. I further certify that I, the undersigned applicant, have personally completed this application. I hereby authorize investigation of all statements made by me in this application. I authorize the references listed above to provide the Employer any and all information concerning my employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Employer or its agents. I understand that any misrepresentation, falsification or material omission of information on this application, regardless of when it is discovered, may result in my failure to receive an offer or, if I am hired, the end of my employment.
_____	At-Will Employment: I understand and agree that, if I am hired by Employer, our relationship will be for an unspecified term and it will be employment at-will. The employment relationship can be ended at will, by either the Employer or me, at any time either with or without cause or advance notice for any reason not prohibited by law.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview, regardless of when it is discovered, may result in termination of my employment.	
Signature	Date