

# Mile Road Restaurants & Brewery Application for Employment

An Equal Opportunity Employer

Billy's Chowder House     
  Varano's Italian Restaurant     
  Hidden Cove Brewing

Last Name	First Name	Middle Initial	Social Security Number
Address	City	Zip Code	Phone Number
Email			Cell Phone Number
Driver's License Number		Driver's License State	

## GENERAL INFORMATION

Position Applying For:  Server    Busser    Host/ess    Bartender    Kitchen

Are you interested in  Full Time    Part Time    Seasonal    Year Round

Availability (check all that apply) Days    Nights    Weekends    Holidays    Anytime

Are you currently employed? Yes  No  If yes, date you are available to start work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you at least 18 years old? Yes  No

If hired, can you verify that you have the legal right to work in the United States? Yes  No

Do you have a reliable means of transportation to get to work? Yes  No

Have you ever worked for Billy's Chowder House, Varano's Italian Restaurant or Hidden Cove Brewing before? Yes  No

If so, when? \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes  No  (Conviction will not necessarily disqualify applicant)

If so, please explain \_\_\_\_\_

Are you Tips or Serve Safe certified? Yes  No  If yes, please give date \_\_\_\_\_ Can you provide a copy of certification card? Yes  No

## WORK HISTORY

From	Employer's Name/Address/Telephone	Start Pay	Position
To		Last Pay	Reason for Leaving

Describe the Work You Did

From	Employer's Name/Address/Telephone	Start Pay	Position
To		Last Pay	Reason for Leaving

Describe the Work You Did

## EDUCATION & TRAINING

HIGH SCHOOL \_\_\_\_\_ LOCATION (CITY/STATE) \_\_\_\_\_ DIPLOMA Yes  No

COLLEGE / UNIV \_\_\_\_\_ LOCATION (CITY/STATE) MAJOR \_\_\_\_\_ DID YOU GRADUATE Yes  No

LIST ANY OTHER SKILLS OR SPECIAL TRAINING

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## REFERENCES

Give the names of two persons not related to you, whom you have known at least one year

Name	Phone Number	Business	Years known

## CERTIFICATION AND ACKNOWLEDGMENT

**(please read carefully, then sign and date below)**

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 for 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** \_\_\_\_\_