

APPLICATION FOR EMPLOYMENT



In order for you to be considered for employment, this application must be filled out COMPLETELY. Please write "N/A" if information is not applicable. Resumes, though welcome, should not be submitted in place of the information requested below.

PLEASE PRINT CLEARLY

First Name	Middle Initial	Last Name	Social Security Number - -	Today's Date
Current Address	Street/PO Box	Apt. #	City	State ZIP
Permanent Address	Street/PO Box	Apt. #	City	State ZIP
Day Phone No. ()	Evening Phone No. ()	Alternate Phone No. ()	Pager	Cell Other
For which Position are you applying for? <input type="checkbox"/> Bartender <input type="checkbox"/> Busser/Runner <input type="checkbox"/> Waiter <input type="checkbox"/> Line Cook <input type="checkbox"/> Prep Cook <input type="checkbox"/> Dishwasher <input type="checkbox"/> Host			Date you are available for Employment:	
What is the minimum amount of money you <u>need</u> to make		<i>Note: Statement of desired salary does not guarantee we will be able to meet your request.</i>		
\$ /hour	\$ /week			

Heading

1. Are you presently or have ever been employed by Felicia Suzanne's?..... Yes No
2. Do you have transportation to and from work? Yes No
3. Do you have previous fine-dining restaurant experience? If yes, how many years?..... Yes No
4. If hired can you submit documents to prove your legal right to work in the united States?..... Yes No
5. Please indicate your age: Under 16 16-21 21-30 30-50 over 51
(Some positions such as Bartender, Waiter, Busser/Runner require the handling of alcohol)
6. If hired, can you submit proof of age?..... Yes No
7. Do you have an ABC card?..... Yes No.....If yes when does it expire?.....
8. I want to work: Part-time (10-31 hours/week) Full-time (32+ hours/week)
9. Some shifts at Felicia Suzanne's begin as early as 9 AM and end as late as 2 AM.
Do you have adequate transportation to and from work for the days available?..... Yes No
10. Do you presently have a job you intend to keep?..... Yes No
11. How many jobs have you been terminated from? 0 1 2 3 or more
12. Have you been convicted of a felony that has not been annulled, expunged, or sealed by the court?..... Yes No
(Conviction will not necessarily disqualify an applicant from employment, but will be considered in the context of the entire application and position (s) applied for.)
13. We may conduct training from time to time on days, or at times you may have other obligations.
Is your schedule flexible so you may come to training? Yes No
14. We do not permit smoking in the restaurant during service hours. Are you willing to comply? Yes No
15. Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations? Yes No
16. What commitments do you have , or do you anticipate, that may effect your schedule?

You may omit any information indicating legally protected characteristics

Next Question is for Bar and Server positions ONLY:

17. (Wine Knowledge) How would you rate your level of experience with up-scale dining service? _____ High _____ Mid
 _____ Low

Name 3 major Wine Regions in California: 1. _____ 2. _____

3. _____

Next Question is for Cook positions ONLY:

	Name and Location of School	Dates Attended	Last Year Completed	Major/Specialty	Degree Received	GPA
High School		(Please leave Blank)	Grade 9 10 11 12	(Please leave Blank)		
College/Other		From _____ / _____ Mo Year To _____ / _____ Mo Year	(Please Leave Blank)			

20. Work History **PLEASE FILL IN ALL INFORMATION COMPLETELY** (List your last 3 jobs.)

	Current or Most Recent Job	Previous job	Previous Job
Company Name			
Address & Phone #			
Position & job Duties (please describe)			
FOH positions: Wine Service Experience	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Name, title, and number of immediate Supervisor			
Dates of Employment	____ / ____ to ____ / ____ Month Year Month Year	____ / ____ to ____ / ____ Month Year Month Year	____ / ____ to ____ / ____ Month Year Month Year
Usual # of Hours Worked per Week			
Reason for Leaving			
May we contact your employer?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Weekly Earnings	\$ _____ \$ _____ Starting Ending	\$ _____ \$ _____ Starting Ending	\$ _____ \$ _____ Starting Ending

21. Personal References (other than immediate family.)

Name	Phone Number	Number of years Known	Relationship
1.			
2.			

NOTICED TO TIP 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 the current minimum wage in effect. The additional amount on account of tips may not exceed the value of 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 who customarily and regularly receive tips. Some states eliminate the tip credit or require a lower percentage of the tip credit than the Federal Minimum Law, in which 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 CAUSE FOR DISMISSAL OR GROUNDS FOR REFUSAL OF 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, AND REGULATIONS OF PERISTYLE. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, EITHER VERBALLY OR IN WRITING TO THE CONTRARY. IT IS POLICY OF Felicia Suzanne's, 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. I HEREBY ACKNOWLEDGE THE NOTICE AS DESCRIBED ABOVE:

DATE: _____ SIGNATURE: _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED. Felicia Suzanne's is AN EQUAL OPPORTUNITY EMPLOYER.
 REVISED 6/4/04