

FRANKIE GIANINO'S EMPLOYMENT APPLICATION

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, or disability. It is our intention that all qualified applicants will be given equal opportunity and that selection decisions be based on job-related factors.

Each question is to be answered fully and accurately. No action can be taken on this application until all questions have been answered. **PLEASE PRINT**, except for including your signature on the back of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking : Full-Time _____ Part-Time _____ Temporary _____

When could you start work? _____

Last Name First Name Middle Name

Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes _____ No _____ (If you are hired you may be required to submit proof of age)

Social Security Number _____

If hired, can you furnish proof that you are eligible to work in the U.S. ? Yes _____ No _____

Have you ever applied here before? Yes _____ No _____ If yes, when? _____

Were you ever employed here? Yes _____ No _____ If yes, when? _____

Were you ever employed at any of the Gianino's family of Restaurants? Yes _____ No _____

If yes, which one and why did you leave? _____

Have you ever been convicted of or pleaded guilty to any law violation (Except speeding or parking violations)?

Yes _____ No _____ If yes, give details _____
(A **Yes** answer does not automatically disqualify you from employment, because the nature of the offense, date, and the job for which you are applying for will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes _____ No _____

If yes, please explain: _____

Have you had your driver's license revoked in the last 3 years? Yes _____ No _____

If yes, give details: _____

What is your Availability? ***Please check all that apply*** Sun am _____ pm _____ Mon am _____ pm _____ Tue am _____ pm _____
Wed am _____ pm _____ Thurs am _____ pm _____ Friday am _____ pm _____ Saturday am _____ pm _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, gender, age, disability, or other protected status) _____

LIST NAME AND ADDRESS OF SCHOOLS

Number of Years Completed	Diploma, Degree, Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide the firm's name and supply business references. **PLEASE PROVIDE MONTH AND YEAR.**

 Name of Employer

 Job Titles and Duties

 Address

 Date of Employment:

From _____ To _____

 City, State, Zip Code

PAY: Start: \$ _____ Final: \$ _____

 Supervisor Telephone

 Reason for Leaving

 Name of Employer

 Job Titles and Duties

 Address

 Date of Employment:

From _____ To _____

 City, State, Zip Code

PAY: Start: \$ _____ Final: \$ _____

 Supervisor Telephone

 Reason for Leaving

Name of Employer

Job Titles and Duties

Address

Date of Employment:

From _____ To _____

City, State, Zip Code

PAY: Start: \$ _____ Final: \$ _____

Supervisor Telephone

Reason for Leaving

Name of Employer

Job Titles and Duties

Address

Date of Employment:

From _____ To _____

City, State, Zip Code

PAY: Start: \$ _____ Final: \$ _____

Supervisor Telephone

Reason for Leaving

Have you worked under any other name? Yes _____ No _____

If yes, give names: _____

Are you presently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

Have you ever been terminated from a job or asked to resign? Yes _____ No _____

If yes, please explain: _____

Give three references, not relatives or former employers.

NAME

ADDRESS

PHONE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____