



Parasole Restaurant Holdings, Inc. / Parasole Restaurant Holdings, LLC.

An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION:

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address  
City State Zip

Phone Number (\_\_\_\_) \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Referred by \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT DESIRED:

Position applied for \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Full Time  Part Time  Days  Evenings

Are you employed?  Yes  No If so, may we inquire of your present and prior employers?  Yes  No

Ever worked at:	Chino Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manny's?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The Good Earth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Burger Jones?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pittsburgh Blue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muffuletta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Uptown Cafeteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salut?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parasole Bakery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mozza Mia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION:

Name and location of School	Number of years attended
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High School \_\_\_\_\_

College \_\_\_\_\_

Trade, business or correspondence school \_\_\_\_\_

## SPECIAL SKILLS AND EXPERIENCE:

Please state any other background, licenses, skills or experience which you feel especially qualifies you for the position for which application is made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue to the next page

**BUSINESS EXPERIENCE: PREVIOUS EMPLOYERS**

**1** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Your Position \_\_\_\_\_ Wages \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Your reason for leaving \_\_\_\_\_

**2** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Your Position \_\_\_\_\_ Wages \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Your reason for leaving \_\_\_\_\_

**3** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Your Position \_\_\_\_\_ Wages \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Your reason for leaving \_\_\_\_\_

**REFERENCES: GIVE BELOW THE NAMES, ADDRESSES AND PHONE NUMBERS OF TWO PERSONS: 1) NOT RELATED TO YOU AND 2) NOT A FORMER EMPLOYER**

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business or relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business or relationship \_\_\_\_\_

**Applicant hereby understands and represents:**

- (a) Applicant represents that the statements and information set forth herein are true, correct and complete and understands that the employer will rely on said information in order to make a decision of whether or not to employ Applicant. Applicant may be rejected for employment or Employer may terminate any employment offered or commenced, among other reasons, if it appears any statement or information is untrue or incomplete.
- (b) If a conditional offer of employment is made by Employer or if applicant is employed, applicant shall be required to furnish applicant's social security number and that applicant is legally authorized to work in the United States. Following a conditional offer of employment made to Applicant, Applicant may be required to submit to a medical examination as to work related abilities or conditions if required of all other persons conditionally offered employment. If employed, applicant may thereafter be required to furnish medical history and prior illness or injury information sufficient to permit Employer to register for benefits or protection under the Workers' Compensation Second Injury Fund, and other personal information required or permitted by law.
- (c) Applicant acknowledges that if employed by Employer, Applicant shall be at all times an employee at will, and such employment may be terminated or suspended at any time by Employer, with or without cause, or for no cause whatsoever, in the sole discretion of Employer for any reason not specifically precluded by applicable law. Neither the acceptance of this application nor an offer of employment, nor the employment of Applicant shall constitute or be construed as a promise, agreement, or commitment of Employer of continuing employment of Applicant. If employed, Applicant shall be required to comply with all proper Employer policies, rules and instructions, and employer reserves the right to amend, change or terminate any such policies, rules and instructions at any time in its sole discretion unless prohibited by law.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Print or Type Applicant's Name \_\_\_\_\_