

Galo's Italian Grill, Inc. EMPLOYMENT APPLICATION

Name: _____ Date of Birth: _____ Today's Date _____

Address: _____ City _____ State _____ Zip _____

Contact Phone # _____ Referred by _____

Email address: _____ (for payroll direct deposit stub)

If applying for server position Server License # _____ Exp. _____

Position desired: _____ Pay rate desired: _____

Date you can start: _____ Hrs./Days per week desired: _____

Are you currently employed? _____

Where? _____

If so, may we inquire of you present employer? _____ Phone# _____

Have you ever applied or worked with us before? _____ When? _____

Availability: please indicate shifts you can work

Mon. Tues. Wed. Thurs: Fri. Sat. Sun.

EDUCATION:				
	Name of school	Years Attended	Did you graduate?	Subjects
HIGH SCHOOL:				
COLLEGE:				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS:				
	Company Name & Phone #	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				
Additional work, Studies, special Interests, U.S. Military training, Or hobbies:				

PLEASE NOTE: Employees are paid Weekly by Direct Deposit ONLY. YOU MUST HAVE A BANK ACCOUNT for Direct Deposit of your pay. A Bank Account and email address IS REQUIRED FOR EMPLOYMENT as of 8/1/13

REFERENCES:			
Name	Address & Phone #	Business	Yrs. Known
1.			
2.			
3.			

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal. I authorize investigation for all statements contained herein and the references and employers listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Please Note: DRUG AND ALCOHOL TESTING

The employer is committed to providing a safe, efficient and productive work environment for all employees. Employees and job applicants may be asked to provide body substance samples (e.g., blood, urine) to determine the illicit use of Any illegal substances (e.g. cocaine, marijuana, alcohol, opiates etc.). The employer will attempt to protect the confidentiality for all drug and/or any illegal drug and alcohol test results. Drug and alcohol tests may be conducted in any of the following situations: Pre-employment, periodic and/or random sampling at the discretion of management.

DATE: _____ SIGNATURE _____ INTERVIEWED BY _____

DO NOT WRITE BELOW THIS LINE

<p>Remarks:</p> <hr/> <hr/> <hr/> <hr/>
<p>START DATE: _____</p>