



TOOJAY'S EMPLOYMENT APPLICATION

TooJay's Gourmet Deli is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

Last Name		First Name		Middle Initial	Date
Street/PO Box			Apt#	City	State Zip Code
Primary Phone ()	Email Address		Social Security		Expected Rate of Pay
Do you have adequate transportation to and from work during our hours of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you applying for a full-time or part-time position? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		How many hours per week do you want to work? Minimum_____ Maximum_____	
Position applying for: (Please check only first and second choice)					
_____ Server	_____ Host/Hostess	_____ Kitchen/Prep	_____ Bus Person	_____ Deli Cook	
_____ Cashier	_____ Cook/Line Cook	_____ Dishwasher	_____ Delivery Driver	_____ Management	

1. If hired, can you submit documents to prove your eligibility to work in the U.S? Yes No
2. Are you of legal age to serve alcoholic beverages in the state of Florida? Yes No
3. We do not tolerate drug use by employees before or during work. Are you willing to comply? Yes No
4. Have you ever been employed with TooJay's Gourmet Deli before? Yes No
If yes, which location?

5. How many jobs have you had in the past year? _____ Past Two years? _____
What were the circumstance for leaving each job? _____
6. What is the minimum amount you need to earn? \$ _____/week \$ _____/month
7. Have you ever been a Guest of TooJay's? Yes No
If yes, please describe your experience _____
8. Have you been convicted of a felony in the last 10 years? Yes No
If yes, list convictions that are a matter of public record. An arrest is not a conviction. A conviction will not automatically disqualify you for employment.

9. We have specific requirements for personal appearance for the dining room and kitchen: Proper uniform, slip-resistance shoes, no excessive jewelry and good general hygiene. Are you willing to meet our requirements? Yes No
10. Please list any specialized training or course work you have taken that relates to the position for which you are applying:

11. If you have been referred by a TooJay's Employee, please tell us who _____

12. Are you willing to work flexible hours, including weekends and holidays? Yes No

13. Please list any days or hours you are regularly not available to work and state why. _____

14. Please describe your schedule availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Beginning Time</i>							
<i>Ending time</i>							

15. If offered a position, how much notice do you need to give your current employer? _____

Please complete the information requested regarding your previous employment. You may attach a resume, but also complete the information.

Employment History

	Current or most recent employer	Previous Employer	Previous employer
Name of Employer			
Address or Location			
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's name			
Phone Number			
Length of employment	From: Month____Year____ To: Month____Year____	From: Month____Year____ To: Month____Year____	From: Month____Year____ To: Month____Year____
Job Title			
Description of duties			
Hourly/Salary rate of pay	Beginning: Ending:	Beginning: Ending:	Beginning: Ending:
Average number of hours worked per week			
Reason for leaving			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements on this application and the references and employers listed above 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.

If hired, I agree to abide by all of the company's rules and regulations, and understand that if employed, my employment is "at-will" and may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the right to amend or revise these policies and rules at any time.

I acknowledge that I have read and understand the above statements and grant permission to confirm the information supplied on this application by me.

Applicant Signature: _____ Date: _____

PHYSICAL/MENTAL REQUIREMENTS FOR THE POSITION

Please check appropriate position

BACK-OF-THE-HOUSE POSITIONS (Includes: Dishwasher, Line Cook, Prep Cook, Deli Cook)

Physical Requirements

Flexible and long hours (45-50 hours) required at times

Medium to Heavy work, lifting up to 50 pounds occasionally, and/or 30 pounds frequently.

Ability to lift, carry, push, pull or otherwise move objects on a repetitive, constant basis

Ability to stand during entire shift of 8-12 hours

Able to maneuver safely through walk-ins and kitchen during entire shift

Able to handle and operate safely: Microwave, knives, steam table, gas range, convection ovens, meat/bread slicers, check printer, scales, char broiler, fryers, scales, automatic dishwasher, and handle chemical solvents associated with the position

Able to reach overhead, bend below the waist, crouch and communicate intentions to co-workers

Mental Requirements

Able to communicate and articulate information and ideas clearly to management and fellow employees

Able to work efficiently in stressful, high pressure situations

Able to understand and adhere to company policies

FRONT-OF-THE-HOUSE POSITIONS (Includes: Server, Host, Bus person, Deli/Bakery Coordinator, Delivery Driver)

Physical Requirements

Flexible and long hours (45-50 hours) required at times

Medium to Heavy work, lifting from 20 to 50 pounds occasionally, and/or 20 pounds frequently.

Constantly lift, carry, push, pull or otherwise move objects on a repetitive, constant basis

Ability to stand during entire shift of 8-12 hours

Able to maneuver safely through dining room, counter area and kitchen during entire shift

Able to handle and operate safely: Microwave, knives, ovens, coffee maker, POS system, computer, copier, fax machine, telephones, bread slicer and handle chemical solvents associated with the position

Able to reach overhead, bend below the waist, crouch and communicate intentions to co-workers

Mental Requirements

Able to communicate information and ideas clearly to management and fellow employees

Able to work well in stressful, high pressure situations

Able to understand and adhere to company policies

Must be effective at listening and understanding varieties of individuals

I _____ have read these physical and mental requirements and I am physically and mentally able to perform the position if I am offered employment with TooJay's Gourmet Deli.

Signature

Date

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV