

## **Application For Employment - Hourly**

You must be at least 18 years of age to be eligible for employment with Buca di Beppo.

As part of the application process, you will be required to submit to an employment background check.

Last Name:	Fir	Middle Initial:					
Street Address:		Apartment #:					
City:	State:		Zip Code:				
Phone Number: ()		Alternate Contac	et Information:				
Position Applying For:							
Availability: Full Time	Part Time Da	ys Evenin	gs Open Availabili	ty			
Buca di Beppo requires both v	veekend and holiday work.	Are you willing to m	eet this requirement?	□ Yes □ No			
Are you currently employed?	□ Yes □ No If so	, may we inquire of yo	ou present and prior employ	rers?			
Have you ever applied to and/When:	•	y before?					
Are you eligible for employment in the United States? ☐ Yes ☐ No							
Background Information:							
Have you ever been convicted (Conviction will not necessarily disquestion California Residents Only: You make Are you awaiting trial for any	alify an applicant from employm y exclude any marijuana related o	ent, but will be considered in convictions over two years o	n the context of the entire applicat	☐ Yes ☐ No ion and position(s) applied for.)			
Have you ever initiated an act	of violence in the workpla	ce? □ Yes □ No					
If you answered "Yes" to any	of these questions, please	explain.					
Do you have reliable transport	ation to and from work?	□ Yes □ I	No				
Please explain any specialized	training and/or course wo	rk you have completed	that relates to the position	for which you are applying.			
Employment History:							
Employer:		Position	Held:				
Dates of Employment:	to		Last Pay Rate:				
Supervisors Name:	Pho	one Number:					
Reason For Leaving:							

Employ	/er:		_	Position H	Ield:		
Dates o	of Employment:	to		<u>_</u>	Last Pay Rate:		
Superv	isors Name:	<u> </u>	Phone Number:				
Reason	For Leaving:						
Employ	/er:		_	Position F	Held:		
Dates o	of Employment:	to		_	Last Pay Rate:		
Superv	isors Name:	<u>—</u>	Phone Number:				
Reason	For Leaving:						
Refer	ences:						
Nome			Dalatio	nahin:			
Phone			_ Email A	Address:			
				nship:			
Phone			Email A	Address:			
Applic	ant hereby understands and represent	s:					
(a)					rmation herein with the business and personal references stated er, and credit reports as allowed under federal and state laws.		
(b)	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 is untrue or incomplete.						
(c)	number and evidence of citizenship, vis	a, or other t may be red	qualification for emp quired to submit to a r	loyment as i medical exam	I, applicant shall be required to furnish applicant's social security required or permitted by law. Following a conditional offer of an ination as to work related abilities or conditions if required of all the conditions is required of all the conditions.		
(d)	suspended at any time by Employer, with Neither the acceptance of this application agreement, or commitment of Employer	or without n nor an off of continuing Employer r	cause, in the sole discreter of employment, no ng employment of Apreserves the right to am	retion of Empore the employ oplicant. If enemals, change	an employee at will, and such employment may be terminated or ployer for any reason not specifically precluded by applicable law rment of Applicant shall constitute or be construed as a promise employed, Applicant shall be required to comply with all prope or terminate any such policies, rules and instructions at any time is ployment.		
(e)	Applicant recognizes that the use of drug workplace.	gs and alcol	hol can create an unsa	afe working	environment, and that Buca di Beppo is a drug-free, alcohol-fre		
amend	ed and/or revised by Buca di Beppo	at any tin	ne and that nothing	g in this ap	I understand that these policies and rules may be plication creates an express or implied contract of or omitted information in my application, resume or		
Print 1	Name:						
Signat	ture:						
Date:							
Referi	red by:		_				
PROSPI EMPLO acknowl	ECTIVE EMPLOYMENT, OR CONTINUED I YER WHO VIOLATES THIS LAW IS GUILTY	EMPLOYME	ENT, THAT AN INDIV	ĨDUAL SUBI	DEMAND, AS A CONDITION OF EMPLOYMENT, MIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN FINE NOT EXCEEDING \$100. I have read the foregoing and		