

# ADELPHIA RESTAURANT

## An Equal Opportunity Employer

Today's Date: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

Position Applying for \_\_\_\_\_  
(You will be considered for only this position.)

**NOTE: This application will expire 30 days after today's date. If you wish to be considered for a position after that time, you must submit a new application.**

**We may check with employment, education and other references, so please be accurate.**

**Also Note: There is a uniform required, and the purchase fee is approximately \$75.00.**

### Personal Data

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

Address \_\_\_\_\_  
Number and Street City State Zip Code

Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Under the Immigration Reform and Control Act of 1986, Adelpia Restaurant is required to verify employment eligibility. If employed, can you provide employment eligibility documents? Yes \_\_\_ No \_\_\_

**NOTE: The Adelpia Restaurant does not discriminate on the basis on citizenship or national origin.**

**NOTE: In completing this application for employment you may exclude information that indicates race, color, religion, sex, age, national origin, disability, or marital status.**

### Education and Training

School	Address	Highest Grade Completed	Graduate
H.S. _____	_____	9 10 11 12	Yes ___ No ___
College _____	_____	13 14 15 16	Degree Rec'd _____
			Major _____

Other Schools or Specialized Training

School

Address

Course of Study

School	Address	Course of Study
_____	_____	_____
_____	_____	_____

What other education, training, or experience have you had that will enable you to perform the job for which you have applied? \_\_\_\_\_

**Work History**

Please provide a complete employment history, listing all positions held, including military, part-time, summer, and volunteer; use additional sheets if necessary.

A.) Present or most recent position: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Number and type of employees you supervised: \_\_\_\_\_

Job titles and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

B.) Former positions:

1.) Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Number and type of employees you supervised: \_\_\_\_\_

Job titles and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2.) Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Number and type of employees you supervised: \_\_\_\_\_

Job titles and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Use additional sheets if necessary

**General Information**

Have you ever pleaded guilty to or been convicted of a crime (exclude minor traffic violation for which a fine or forfeiture of \$50.00 or less was imposed)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain and give in each case the date, nature of the offense, the name and location of the court, the penalty imposed if any, and the disposition of the case. A plea of guilty or a conviction will not necessarily be a bar to employment; and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

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

Are you able to perform the duties of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", please indicate the specific duties you cannot perform: \_\_\_\_\_

\_\_\_\_\_

Have you ever applied for employment at this company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", When \_\_\_\_\_ Where \_\_\_\_\_

Have you ever been an employee of this company? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Position \_\_\_\_\_ from \_\_\_\_\_ To \_\_\_\_\_ Dept. \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Please list any additional information that you think we should consider in evaluating your application for employment.

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I certify that I have read this form in its entirety and that the information I have provided is true, accurate, and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application, or in my discharge if I am employed; regardless of when the false, misleading, or erroneous information is discovered.

I further understand and agree that this application is not a contract or employment guarantee, and that any individual hired by the Adelpia Restaurant may voluntarily leave his or her employment or may be terminated by the Adelpia Restaurant at any time for any reason. I understand that, other than a written agreement signed by the President of the Adelpia Restaurant, any oral or written statements to the contrary are not valid, are expressly disavowed, and should not be relied upon by any prospective or existing employee.

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Signature

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Date

I give the Adelpia Restaurant permission to check references and verify information provided in this employment application.

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Signature

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Date

I acknowledge receipt of the employee handbook from the Adelpia Restaurant.

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Signature

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Date