

SEVEN MOONS RESTAURANT

APPLICATION FOR EMPLOYMENT

Applications will be considered without regard to race, religion, color, sex, sexual orientation or preference, age, national origin, disability, gender identity, expression or other protected status. ML Restaurants LLC dba 7 Moons is subject to the provisions of Workers' Compensation law.

POSITION APPLIED FOR: _____

FULL TIME PART TIME

PERSONAL INFORMATION

NAME: _____ **SOCIAL SECURITY#** _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ **HOW LONG THERE?** _____
NO. & STREET CITY STATE ZIP

PERMANENT ADDRESS _____ **HOW LONG THERE?** _____
NO. & STREET CITY STATE ZIP

PHONE # _____ **HOW WILL YOU GET TO WORK?** _____ **AGE IF UNDER 18 YEARS OLD:** _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? **YES** **NO** **WHERE?** _____ **WHEN?** _____

RELATIVES WHO WORK FOR THIS COMPANY/LOCATION? _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE

FORMER EMPLOYERS

LIST BELOW FOUR EMPLOYERS, STARTING WITH THE MOST RECENT.*

DATE MONTH & YEAR	NAME ADDRESS & PHONE NO. OF EMPLOYER	NAME AND TITLE OF YOUR SUPERVISOR	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

SECURITY

RI RESIDENTS: Have you ever been convicted of a felony or misdemeanor in any state? **YES** **NO** _____
 If Yes, please explain: _____ Interviewers Initials

Have you ever been convicted of a felony or misdemeanor in any state? **YES** **NO** _____
 If Yes, please explain: _____ Interviewers Initials

EDUCATION

NAME & ADDRESS OF LAST SCHOOL ATTENDED: _____

CIRCLE LAST YEAR ATTENDED: Grade 5 6 7 8 High School 9 10 11 12 Other 1 2 3 4 **Graduated:** **YES** **NO**

SPECIAL TRAINING & SKILLS _____

REFERENCES Below give the name of 3 persons (excluding relatives) whom you have known for a minimum of 1 year.

#	NAME	ADDRESS	PHONE #	BUSINESS	YRS. ACQUAINTED
1					
2					
3					

(OVER)

APPLICANT'S AVAILABILITY

Wage or salary desired _____ Date you can begin working _____

NOTE: CANDIDATES MUST BE AVAILABLE TO WORK SOME NIGHTS AND WEEKENDS.

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	HOURS ON OTHER JOB (IF APPLICABLE)
DAY								
NIGHT								

Please read the following statements carefully.

They constitute the conditions for employment with ML Restaurants LLC dba 7 Moons

1. I certify that all information on this application is true and correct. I understand that any misrepresentation or omission will be grounds for discharge from employment.
2. I agree that the company shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me on this application.
3. I authorize the Company to check & verify all information on my application. I fully release the Company, and my previous employers and fellow employees from all claims and liabilities arising from the release such information.
4. After an offer of employment has been made to me, I consent to taking medical examination(s) and/or test(s) that maybe required with results to be furnished to the Company.
5. Although management makes every effort to accommodate individual preferences, business needs at times make the following conditions mandatory: overtime, a rotating work schedule, or a work schedule that includes some nights, Saturdays and Sundays. I understand and accept these as conditions of my continuing employment.
6. I understand that, if employed, I will be bound by all ML Restaurants LLC dba 7 Moons policies, work rules and regulations, the terms and conditions of which may be changed without notice to me. I further understand that my employment is for no definite period of time and is terminable at will by the Company or myself with or without cause or notice.
7. Under Rhode Island an employee's claim for worker's compensation from an employer may be barred for two (2) years from the date of the employee's employment has willfully provided false information as to his or her ability to perform the essential functions of the job, with or without a reasonable accommodation, if the information is directly related to the personal injury which is the basis of a new claim of compensation.

SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE

NEW HIRE, STARTING DATE: _____ POSITION: _____

SIGNATURE OF INTERVIEWER