

# Statement of Values

Dear Applicant:

Welcome to Ely's Restaurant & Bar. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe in an upbeat, positive work environment.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing stellar service – the unique and powerful sort of personal care and attention that our guests tell stories about.

If this feels like an environment for you, please complete the application.

# ELY'S RESTAURANT & BAR - Application for Employment

**Fax Completed Application to 601.605.6687 or**

**Scan and Email to Richard@elysrestaurant.com**

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.*

## Applicant Information

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

Present Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If hired, do you have a **reliable** means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

Position(s) desired:  Line Cook  Prep Cook  Dishwasher  Utility Kitchen  Busser  Server  Bartender  Host  
 Utility Front of House  Other \_\_\_\_\_

How did you find out about this job?  Internet  Employee  Walk-in  Relative  Internet  Other \_\_\_\_\_

Did someone refer you for this position?  Yes  No If yes, who? \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

**Have you been convicted of a crime?**  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places.  
(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

## Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work? \_\_\_\_\_

Expected Hourly Rate: \_\_\_\_\_ Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? \_\_\_\_\_ If yes, name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Do you have any limitations which may prevent you from performing the task(s) applied for?  Yes  No

Please describe: \_\_\_\_\_

## Education (circle highest level completed)

Elementary: 1 2 3 4 5 6 7 8      Secondary: 9 10 11 12 G.E.D

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

If yes, identify program and school: \_\_\_\_\_

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

Minor: \_\_\_\_\_

## Work History (please begin with most recent)

1. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

2. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

3. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

4. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

**For references purposes:** Have you worked for any of these organizations or attended school under a different name? \_\_\_\_\_

If yes, give name and organization(s) \_\_\_\_\_

**May we contact the employers listed above?** \_\_\_\_ If not, list the employers you do not wish us to contact and why:

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

# Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

**I agree that if hired, notification of being unable to work a scheduled shift must be provided 3 hours prior to shift. Not providing such notice may be considered a 'voluntary quit'.**

## AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**Have you worked more than 40 hours within the past 60 days?**  Yes  No

If no, please sign and complete:

I attest I have not worked more than 40 hours within the past 60 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_