



Application for Employment

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, religion, national origin, sexual orientation, gender identity, ancestry, disability, age, military service or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____ / ____ / ____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ City/State/Zip _____

Phone (____) _____

Are you legally authorized to work in the U.S.? Yes No (Documentation of work eligibility will be required if an offer is extended.)

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

If you are given a job description with this application, please review and indicate whether or not you are able to perform all the tasks with or without reasonable accommodation? Yes No

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.) _____

ATTENTION RHODE ISLAND APPLICANTS: Chapel Grille is subject to the Rhode Island Workers' Compensation Act, R.I.G.L. § 28-29-1, et. seq to §28-38-1, et. seq.

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? _____

(You may answer "yes" to the following three enumerated subparts if the only times/days you are not willing to work are for religious reasons): Are you willing to work: (1) Overtime? _____ (2) Weekends? _____ (3) 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: _____

Education (circle highest level achieved)

Secondary: 9 10 11 12 G.E.D.

College: 1 2 3 4 5 6 7 8

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

Degree & Major: _____

Minor: _____

Post Graduate Education: _____

If yes, identify program and school:

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: _____

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

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. 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 understand that as a condition of any offer of employment, I may be required to submit to a drug test.

AT-WILL EMPLOYMENT

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 the company employs me, 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) _____

Consent, Authorization, Release and Hold Harmless

(please read carefully, then sign and date below)

I, _____ (name of applicant) of _____ (city) _____ (state), desiring to obtain employment with Chapel Grille do hereby consent to and authorize this company to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to City, County, State, Federal Law Enforcement Agencies, Educational Institutions, present and/or past residences. I understand that any information obtained might be considered by this company as a factor in decisions they make in respect to the employment for which I am applying. Furthermore, I hereby release and hold harmless Law Enforcement Agencies, Educational Institutions, as well as present and/or past employers that shall provide information to this company, upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content or handling of said reports.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

Information Needed for Background check:

- Valid Driver's License Number and State _____
- Social security number _____
- Date of birth and city, State _____