



OFFICE USE ONLY:

Date received:

Reviewed by:

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Clementine's is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, disability or any other criterion. We assure you that your opportunity for employment with Clementine's depends solely on your qualifications.

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Telephone (____) _____

Are you over 18 years of age? ____YES ____NO, if "NO", can you provide proof of your eligibility to work? ____YES ____NO

Can you, after employment, submit verification of your legal right to work in the United States? ____YES ____NO.

(Proof of eligibility will be required if hired.)

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Position applied for _____
 (Be specific)

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a felony? No Yes A conviction record will not necessarily disqualify you from employment.

If yes, explain the nature of offense(s) leading to conviction(s), and how recently such offense(s) was/were committed. _____

		OFFICE POSITIONS ONLY			
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing _____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other Skills	_____	

Please list two references other than relatives.

Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Street Address _____ City _____ State and Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Name of employer _____ Street Address _____ City _____ State and Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
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Your last job title			

Name of employer _____ Street Address _____ City _____ State and Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

May we contact your present employer? Yes No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As an indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Clementine's Restaurant Corp. (hereinafter called "the Restaurant"), I acknowledge and agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Restaurant practices, shall serve to create an actual or implied contract of employment. _____

I understand that the Restaurant is an "at-will" employer. _____

"At-will" employment means that both the Restaurant and I have the right to terminate the employment at any time, with or without notice and with or without cause. _____

The employment at-will relationship cannot be altered except by a written instrument signed by the General Manager of the Restaurant and me, and specifically identified as an amendment to the employment at-will relationship. _____

If employed, I understand that the Restaurant may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. _____

I understand that any misrepresentations in this application or any attachment, or any omission of material fact is grounds for automatic dismissal if employed. _____

I hereby give the Restaurant permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Restaurant from any liability as a result of such contact. _____

I understand that, in connection with the routine processing of my employment application and/or at any time during my employment, the Restaurant may obtain investigation reports about me. _____

Examples of investigation reports may include, but are not limited to: credit reports, reference checks, background checks, criminal background reports, and, educational and employment verifications. _____

Such investigation reports may include information as to my creditworthiness, credit records, character, general reputation, personal characteristics, and mode of living. _____

Upon written request from me, the Restaurant will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

Signature of applicant _____ **Date:** _____

Thank you for completing this application form and for your interest in our business. Applications will remain active for 60 days. If you have not been offered employment within 60 days of your application, it will be necessary for you to submit another application.