

# Le'Ts' Inc. Application for Employment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Wage Requested: \_\_\_\_\_

Are you Over 18? \_\_\_\_\_ Do you Have Transportation To and From Work? \_\_\_\_\_

## Hours Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Can you work Holidays? \_\_\_\_\_

## Work Experience:

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

Phone# \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor(s) Name: \_\_\_\_\_

Dates Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor(s) Name: \_\_\_\_\_

Dates Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor(s) Name: \_\_\_\_\_

Dates Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

## References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Please See Reverse Side**

The Secretary of Health and Human Services has determined that certain Diseases, including Hepatitis A, Salmonella, Shingella, Saphylococcus, gardia, E. Coli and Compylobacter may prevent you from serving or handling food equipment in a sanitary and healthy fashion an essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason, why you cannot perform the essential functions of this job? Y or N If yes, please explain: \_\_\_\_\_

\*During the past 7 years have you ever been convicted of or pled guilty to a crime, excluding misdemeanors and traffic violations? Y or N If yes, please describe in full: \_\_\_\_\_

1. I certify that the information in this application is correct to the best of my knowledge and understand any omission or erroneous information is grounds for dismissal in accordance with the policy of Le'Ts; Inc.. 2. I authorize the references listed above to provide you with any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing it to you. 3. I acknowledge that Le'Ts' Inc. reserves the right to amend or modify its' policies at anytime without prior notice. These policies do not create any promises or contractual obligations between Le'Ts' inc. and its' employees. At Le'Ts' Inc. employment is at will. This means that I am free to terminate my employment at any time for any reason, with or without cause and Le'Ts' Inc. retains the same rights. The Le'Ts' Inc. Owner/Operator is the only person who may make an exception to this and it must be in writing and signed by the Owner/Operator. The Le'Ts' Inc. Owner/Operator of this restaurant is solely responsible for all terms, conditions, and any other issues concerning my employment.

Le'Ts' Inc. is an Affirmative Action and Equal Opportunity Employer. Various Federal, State, and Local Laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veteran's status. It is the policy of Le'Ts' Inc. to comply fully with these laws as application, and information requested on this application will not be used for any purpose prohibited by law. I understand that as part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning nature and scope of investigation will be provided. If I am denied a job based wholly or in part because of information contained in an Investigative consumer report, I will be provided with the name and address of the reporting agency that supplies the information.

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