



**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

**In order for you to be considered for employment, this application must be filled out in its ENTIRETY.
Resumes, though certainly welcome, should not be submitted in lieu of information requested below.**

Date: _____
 Month Date Year

name: _____ Social Security No: ____/____/____

address: _____

Age: _____ Birth Date: _____ Phone: () _____-____-_____

Are you legally able to work in the United States? Yes___ No___ (Proof of identity or authority to work in the U.S.)

(SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED.) For what position are you applying?

Server___ Host___ bartender _____ Expected Starting hourly Rate: _____

Line cook___ dishwasher___ Expected Weekly Earning : _____

Who referred you to the OD Seafood ? _____

Are you presently or have you ever been employed by Restaurant? Yes_____ No_____

Have you ever been convicted of a felony which has not been annulled or sealed by a court?

Yes___ No___ if yes, please explain above: _____

Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)

WORK SCHEDULE AVAILABILITY

What shifts/hours are you available to work? We have shifts from 11:00 AM to 11:00 PM. (Please list hours in each AM/PM box).

SHIF	MON	TUES	WED	THUR	FRJ	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

Are you willing to work a split shift ? yes___ no___ are you willing to stay late in an emergency? Yes ___NO___

Are you willing to work holidays /weekends? Yes ___ no ___ How many hours per week do you expect to work? ___

EDUCATION

Type of School	Name of School	Location of School	Courses Majored in	Last Year Completed		
High School				10 11 12 13	Diploma Yes No	Grade Avg.
College/ Other				1 2 3 4	Degree Yes No	Grade Avg.

BUSINESS EXPERIENCE

Present Employer (or most recent)	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary		Reason For Leaving
Name	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary		Reason For Leaving
Name	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary		Reason For Leaving

I UNDERSTAND od seafood HAS IN PLACE A DISPUTE RESOLUTION PROCEDURE, AND I FURTHER ACKNOWLEDGE AND AGREE THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT, ANY DISPUTE BETWEEN ME AND OD seafood RELATING TO MY EMPLOYMENT AND/OR MY SEPARATION FROM EMPLOYMENT, SHALL BE SUBMITTED WITHIN ONE (1) YEAR OF THE DAY WHICH I LEARNED OF THE EVENT AND SHALL BE RESOLVED PURSUANT TO THE TERMS AND CONDITION OF THE DISPUTE RESOLUTION PROCEDURE.

NOTICE TO TIPPED EMPLOYEES: You are hereby notified that Section 3(m) of the Fair Labor Standards Act (The Federal Minimum Wage Law) provides as follows: In determining the wage of a tipped employee, the amount paid such employee shall be at least an amount equal to the cash wage of \$2.50 an hour and an additional amount of the tips received by such employee which amount is equal to the difference between \$2.50 an hour and the current minimum wage in effect. The additional amount on account of tips may not exceed the value of the tips actually received by an employee. The preceding two sentences shall not apply with respect to any tipped employee unless such employee has been informed by the employer of the provisions of the section and all tips received by such employee have been retained by the employee, except that nothing herein shall prohibit the pooling of tips among employees who customarily and regularly receive tips. Some states have eliminated the tip credit or require a lower percentage of the tip credit than the Federal Minimum Wage Law, in which case State Law will apply.

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS HAO SUSHI. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH

OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF HAO SUSHI OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY.

IT IS THE POLICY OF DARDEN RESTAURANTS, INC. AND THE OLIVE GARDEN TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

DATE _____

SIGNATURE OF APPLICANT _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATA RECEIVED.