

CRAB & FIN

To be completed if applicant is hired.

Name, address and phone number of a person who may be notified in case if an emergency:

Name *Phone*

Address

Declaration of Tips

I understand that if I am employed by Crab & Fin in a tipped position, (wait staff, bus staff & bartender); I am legally obligated to declare 100% of the tips I receive. I also understand non-compliance of this requirement may lead to disciplinary action.

Name *Date*

Information following to be completed by Management of Crab & Fin Restaurant

Personnel Information

Position _____ First day of employment _____

Rate of Pay _____

Verification of Documents

Application completed in full, signed & dated? _____

All applicable tax forms filled out? _____

Handbook acknowledgement signed and returned? _____

Work Permit (if applicable)? _____

I-9 (Work Authorization) Form completed in full? _____

Two or more pieces of valid identification provided? _____

Manager Signature *Date*

The job for which you are applying may require work on Saturdays, Sundays & Holidays. While reasonable accommodations can be made for you, are you willing to work such a schedule? Yes No



Application for Employment

Notice to Applicant:

We are an equal opportunity employer and our policy is to comply with all employment laws, federal, state or local in origin. Our employees, as well as job applicants, are entitled to reasonable accommodation, if necessary, to perform a particular job function as well as the completion of this application or any other employment form.

Please Print – Application must be filled out Completely – PLEASE PRINT

Date of this application _____ Social Security _____

Are you 18 years old or older? YES NO

YOUR: _____
Middle Initial *Last Name* *First*

Present Address: _____
Number *Street* *City, State & Zip Code*

How long have you lived there? _____ Phone Number _____

Have you ever worked for the Crab & Fin Before? YES NO

If so, when? _____ Position? _____

Do you know anyone present or past employed at Crab & Fin Restaurant? YES NO

If Yes, who? _____

Position Desired _____

Please check which of the following you prefer or are able to work:

<i>Full Time</i>	<input type="checkbox"/>	<i>Part Time</i>	<input type="checkbox"/>	<i>Days</i>	<input type="checkbox"/>	<i>Nights</i>	<input type="checkbox"/>
<i>Permanent</i>	<input type="checkbox"/>	<i>Temporary</i>	<input type="checkbox"/>	<i>Anytime Available</i>	<input type="checkbox"/>		<input type="checkbox"/>

Date when you will be available for work, if hired _____

The job you are applying for will essentially, from time to time, require (A) reading and writing legibly in English, (B) lifting and carrying loads of upwards of 25 lbs., (C) bending and stooping to retrieve similar or smaller items, and (D) reaching in all directions to retrieve needed or similar items. Are you able to perform all of these job functions? S NO

If NO, state which functions you cannot perform _____

In NO, please explain briefly _____

How long will it take you to get from home to work? _____

What type of transportation will you use? Auto Public Transportation bicycle

<i>(Current or related employment)</i>	<i>(Current or related employment)</i>	<i>(Current or related employment)</i>
<i>From To</i>	<i>From To</i>	<i>From To</i>
<i>(Dates of Employment)</i>	<i>(Dates of Employment)</i>	<i>(Dates of Employment)</i>
<i>(Position Held)</i>	<i>(Position Held)</i>	<i>(Position Held)</i>
<i>(Reason For Leaving)</i>	<i>(Reason For Leaving)</i>	<i>(Reason For Leaving)</i>
<i>(Supervisor)</i>	<i>(Supervisor)</i>	<i>(Supervisor)</i>
<i>(Telephone Number)</i>	<i>(Telephone Number)</i>	<i>(Telephone Number)</i>

Education: What is the name of the School/College you attended and the last grad/level you completed?

School _____ Last grade completed _____

College _____ Last grade completed _____

Are you attending School now? Yes No

School _____ Subject _____

Please list two Personal References (Do not include relatives):

Name _____

Name _____

Company _____

Company _____

Position _____

Position _____

Phone Number _____

Phone Number _____

Have you ever been convicted of, or pled guilty to any crime involving theft, sexual abuse, destruction of property or physical violence? Yes No

If YES, please explain in detail _____

Drug Free Work Place. Do you understand that Crab & Fin is committed, or its employees and guests, to a drug free workplace, at all times? Yes No

Before a final employment decision is made, we will require proof of your Social Security status, your age and employment eligibility status. If employed, can you furnish a Social Security card, Valid Drivers License? Birth Certificate or other evidence of age, and proof of lawful employment status?

Yes No

Do you understand and authorize us to make routine inquires about the information disclosed in this application and to disclose such information to others: which may elicit knowledge of your character and/ or reputation?

Yes No

Do you understand, that upon your written request to us, you may obtain information as to the nature and scope of any reports received? Yes No

I hereby state that the foregoing information is true and correct to the best of my knowledge. I understand that any misrepresentations or willful omission of facts shall be cause for rejection of this application and termination of employment, if hired. I herby authorize the Employer to conduct work history, educational, personal references, and conviction record inquires to determine my acceptability for employment.

I understand and agree that if accepted for employment that my employment and any term thereof can be terminated with or without cause and with or without notice, at any time, at the option of either the Employer or myself.

I further understand and agree that unless in writing and signed in person by the President of the Corporation, that no other person has authority to enter into any agreement with me, whether oral or in writing, which is contrary to this understanding and agreement.

(Signature of Applicant)

(Date)

