



EMPLOYMENT APPLICATION FORM

CITY GROCERY RESTAURANT GROUP IS AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, HANDICAP, MUSICAL PREFERENCE OR NATIONAL ORIGIN.

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE # - HOME _____ CELL _____ EMAIL _____

REFERRED BY () PAPER () FRIEND _____ () OTHER _____

ARE YOU OF LEGAL AGE TO SELL ALCOHOL? () YES () NO

EMPLOYMENT DESIRED

POSITION APPLIED FOR _____

SALARY DESIRED _____ DAYS/HOURS AVAILABLE TO WORK () AVAILABLE ANY TIME

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

HAVE YOU EVER APPLIED WITH CITY GROCERY, BOURÉ, BIG BAD BREAKFAST, OR SNACKBAR BEFORE? () YES () NO

IF YES, WHEN? _____ WHICH LOCATION? _____

EDUCATION

GRAMMAR SCHOOL

NAME _____ LOCATION _____

COMPLETED () YES () NO

HIGH SCHOOL

NAME _____ LOCATION _____

LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? () YES () NO

COLLEGE

NAME _____ LOCATION _____

LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? () YES () NO

TRADE/BUSINESS/GRADUATE SCHOOL

NAME _____ LOCATION _____

LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? () YES () NO

FORMER EMPLOYERS (PLEASE LIST PAST EMPLOYERS STARTING WITH THE MOST RECENT)

1. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____ CONTACT PERSON _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____
DATES _____

2. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____ CONTACT PERSON _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____
DATES _____

3. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____ CONTACT PERSON _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____
DATES _____

4. EMPLOYER (NAME & ADDRESS) _____

TELEPHONE _____ CONTACT PERSON _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____
DATES _____

PERSONAL REFERENCES

1. NAME _____ **ADDRESS** _____
PHONE # _____ **RELATION** _____ **YEARS AQUAINTED** _____

2. NAME _____ **ADDRESS** _____
PHONE # _____ **RELATION** _____ **YEARS AQUAINTED** _____

3. NAME _____ **ADDRESS** _____
PHONE # _____ **RELATION** _____ **YEARS AQUAINTED** _____

APPLICATION FORM WAIVER (PLEASE READ CAREFULLY)

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY CITY GROCERY RESTAURANT GROUP (HEREAFTER CALLED "THE COMPANY,") I 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 COMPANY PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, OR TO CONFER ANY RIGHT TO REMAIN AN EMPLOYEE OF CITY GROCERY RESTAURANT GROUP, OR OTHERWISE TO CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WILL RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE PRESIDENT/GENERAL MANAGER OF THE COMPANY. BOTH THE UNDERSIGNED AND CITY GROCERY RESTAURANT GROUP MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT SPECIFIED NOTICE OR REASON. IF EMPLOYED, I UNDERSTAND THAT THE COMPANY MAY UNILATERALLY CHANGE OR REVISE THEIR BENEFITS, POLICIES, AND PROCEDURES AND SUCH CHANGES MAY INCLUDE REDUCTION IN OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS, (UNLESS OTHERWISE INDICATED,) REFERENCES, AND OTHERS , AND HEREBY RELEASE THE COMPANY FOR ANY LIABILITY AS A RESULT OF SUCH CONTRACT. I ALSO UNDERSTAND THAT (1) THE COMPANY HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PRE-EMPLOYMENT TESTING AS WELL AS TESTING AFTER EMPLOYMENT; (2) CONSENT TO AND COMPLIANCE WITH SUCH POLICY IS A CONDITION OF MY EMPLOYMENT, AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESSFUL PASSING OF TESTING UNDER SUCH POLICY. I FURTHER UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB-RELATED PHYSICAL EXAMINATIONS. I UNDERSTAND THAT, IN CONNECTION WITH THE ROUTINE PRCCESSING OF YOUR EMPLOYMENT APPLICATION, THE COMPANY MAY REQUEST FROM A CONSUMER REPORTING AGENCY AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO MY CREDIT RECORDS, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST FROM ME, THE COMPANY, 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. I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE REQUESTED BY IT, AS REQUIRED BY THE FAIR CREDIT REPORTING ACT. I FURTHER UNDERSATND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF SIXTY (60) DAYS, AND FURTHER THAT AT ANY TIME DURING THE PROBATIONARY PERIOD OR THEREAFTER, MY EMPLOYMENT RELATION WITH THE COMPANY IS TERMINABLE AT WILL FOR ANY REASON BY EITHER PARTY.

SIGNATURE OF APPLICANT _____ **DATE** _____

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR BUSINESS.