

Application for Employment

Deco Management LLC is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. As part of the employment application process and as permitted by law we may (a) conduct criminal and driver license background checks and/or (b) obtain your credit report from credit reporting agencies. Should your application for employment be approved, you may be required to pass a substance abuse (drug) test as the Company is a drug-free and alcohol free workplace. Please note that all employment is At Will. Either of us may terminate employment at any time and for any or no reason.

Applicant's name: _____ Date: _____

Restaurant name & location for which you are applying: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____ Date of Birth: _____

Email: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Driver's license number: _____

How were you referred to us? _____

Are you subject to any employment, confidentiality or non-competition, Non-Solicitation Agreement with any present or former employer _____ Yes _____ No

If yes, please explain and list any such employer: _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

---COMPLETE ON OTHER SIDE---

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

Available Hours to Work

Mondays _____
Tuesdays _____
Wednesdays _____
Thursdays _____
Fridays _____
Saturdays _____

I hereby authorize Deco Management LLC, its directors, officers, employees and agents to (a) contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references and (b) as permitted by law (i) conduct criminal and driver license background checks and/or (ii) obtain your credit report from credit reporting agencies. I also hereby release from liability Employer, its directors, officers, employees and agents for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that employment is "At Will" there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the federal and state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____