

S I M P A T I C O J A M E S T O W N

Last Name _____ First _____ Middle _____

Permanent Address (W2): _____ City _____ State _____ Zip _____

Phone _____ Email _____ D/O/B _____

Positions applying for (1) _____ (2) _____ (3) _____

How did you hear about employment at Simpatico ? _____

AVAILABILITY: Seasonal _____ to _____ Year Round

Part Time: How Many Hours/Week _____ Full Time

Other _____ to _____

When are you Available:	Mon	Tue	Wed	Thur	Fri	Sat	Sun
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Are you a U.S. Citizen ? : Yes No	Are you legally able to work in the U.S.? Yes No
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Have you been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>

Work Experience RESTAURANT ONLY :

Employer _____ Contact _____ Ph. _____

Position _____ Dates of Employment _____ to _____

Duties _____ Reason for Separation _____

Work Experience RESTAURANT ONLY :

Employer _____ Contact _____ Ph. _____

Position _____ Dates of Employment _____ to _____

Duties _____ Reason for Separation _____

Work Experience OTHER ONLY :

Employer _____ Contact _____ Ph. _____

Position _____ Dates of Employment _____ to _____

Duties _____ Reason for Separation _____

Other Skills or Training _____

APPLICANT's INITIAL _____ *** TURN OVER + COMPLETE PAGE 2 ***

Last Name _____

First _____

Middle _____

High School:	City + State	Graduated : _____
College:	City + State	Graduated : _____

Food Safety Course _____	Cert # _____	Expiration _____
Alcohol Safety Course _____	Cert # _____	Expiration _____

If an injury occurs at the workplace requiring medical attention at an emergency facility, per the Worker's Compensation Adjusting Company, the employee may be tested by the medical facility for the presence of drugs or alcohol. _____ *Applicant Initial indicates they have read and understand this clause.*

PLEASE, READ CAREFULLY AND SIGN THE STATEMENT BELOW:

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or can be grounds for dismissal after employment begins. I authorize the Company to make inquiries of prior employers, schools, etc. regarding my history and character, and hereby authorize prior employers, schools, or individuals to respond to such inquiries and release the Company from any liability with respect to such inquiries.

I further understand that if I am employed, the Company is not employing me pursuant to a contract of employment and my employment is for no definite term and that I can be terminated without notice and without any cause at any time. I further understand that no verbal promises or guarantees are binding on the Company and that no one, other than the President of the Company, has the authority to enter into an agreement for employment contrary to the above, and that any such agreement must be in writing. If I am employed, I agree to abide by the Company's rules, regulations and policies and any changes thereto, or I risk termination with cause.

Applicant's Signature _____ Date _____

Print Name _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

-Resumes are not a replacement for this application. Applications may be mailed to: *ESJ Inc, PO Box 99, Jamestown, RI 02835*

- An Equal Opportunity Employer—

Revised March 2016