



Please Print Clearly APPLICATION FOR EMPLOYMENT

Name _____ Date _____

LAST, FIRST, MI

- Preferred Location (check all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Schnitzel And Co.
2763 Eggert Rd., Tonawanda | <input type="checkbox"/> Rizotto Italian Eatery & Sweetery
930 Maple Rd., Williamsville | <input type="checkbox"/> Banchetti By Rizzo's
550 N. French Rd., Amherst |
| <input type="checkbox"/> Schnitzel And Co.
9210 Transit Rd., East Amherst | <input type="checkbox"/> Rizzo's at Rothland
12089 Clarence Center Rd., Akron | <input type="checkbox"/> Cafe Banchetti
560 N. French Rd., Amherst |

Position Applied For _____

Please Answer All Questions. Résumés are not a substitute for a completed application, but are welcome as an addition.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Cell Number () _____ - _____ Home Phone / Alternate () _____ - _____

Address _____
STREET, APARTMENT OR UNIT NUMBER

CITY STATE ZIP

Email Address (optional) _____ Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

AVAILABILITYType of employment desired? Full-Time Part-Time

of desired hours per week _____

Are you willing to work overtime? Yes No

Date available to start _____

Are you willing to work weekends? Yes No Are you willing to work holidays? Yes No

SHIFT	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
End							

EDUCATION

Type of School	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

Have you ever been terminated or asked to resign from any job? NO / YES If yes, explain: _____

Are you legally entitled to work in the United States? (circle) YES / NO

Have you ever been convicted of a criminal offence (circle) YES / NO

REFERENCES Please list the names of additional work-related references we may contact.

Individuals with no prior work experience may list school or volunteer-related references.

NAME	YEARS KNOWN	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

DRIVING INFORMATION (cooks, servers and dishwashers may be required to take deliveries)

Do you have a current valid NYS drivers license? (circle) NO / YES License No: _____

Have you had any accidents in the past 3 years? _____

Please list any moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see *résumé*."

Employer _____ Phone # _____

Dates of Employment _____ to _____ Starting Salary _____ Ending Salary _____

Position _____ Responsibility _____ Supervisor _____

Reason for Leaving _____ May we contact this employer? (circle) YES / NO

Employer _____ Phone # _____

Dates of Employment _____ to _____ Starting Salary _____ Ending Salary _____

Position _____ Responsibility _____ Supervisor _____

Reason for Leaving _____ May we contact this employer? (circle) YES / NO

Employer _____ Phone # _____

Dates of Employment _____ to _____ Starting Salary _____ Ending Salary _____

Position _____ Responsibility _____ Supervisor _____

Reason for Leaving _____ May we contact this employer? (circle) YES / NO

Employer _____ Phone # _____

Dates of Employment _____ to _____ Starting Salary _____ Ending Salary _____

Position _____ Responsibility _____ Supervisor _____

Reason for Leaving _____ May we contact this employer? (circle) YES / NO

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship _____

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I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date