

# Application for Employment

## Statement of The Lighthouse Grill Values

#### Dear Applicant:

Welcome to The Lighthouse Grill. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough, isn't.
- We believe in doing business in a friendly, professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in providing legendary service the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

## The Lighthouse Grill, Inc. - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

#### \*\* PLEASE PRINT CLEARLY \*\*

Position(s) applied for		Date _	/ /		
How did you find out about this jo	ob? ☐ Newspaper ☐ Employee ☐	Walk-in □ Relative □ Other			
Why are you seeking a new job at	this time?				
<b>Applicant Informa</b>	ation				
First Name	Middle	Last			
Street Address	Socia	ıl Security No.			
City/State/Zip		Phone ()			
If hired, do you have a reliable me	eans of transportation to get to work?	Describe			
Are you at least 21 years old?					
Are you legally eligible for employme	ent in the U.S.? (Proof of U.S. of	citizenship or immigration status is requ	ired if hired.)		
	☐ Yes ☐ No If yes, state the natud does not constitute an automatic bar to employ		case. Include dates and places		
Are you a veteran?	If yes, give dates of service	e: From To			
<b>Employment Info</b>	rmation				
What position(s) are you applying	g for with us?				
Are you seeking full time, part tim	ne or temporary employment?				
What hours and shift(s) would you	u prefer to work?				
List times you are not available to	work?				
Are you willing to work overtime?	? Weekends? H	folidays?			
Are you currently employed?	If hired, when would you be	able to start?			
List any friends or relatives emplo	yed by this company:				
Have you ever been discharged or	asked to resign from any position?	If yes, please describe:			
tasks with or without reasonable a perform, and explain what type of	tached job description for the position accommodation? Please describ accommodation you will need:	be which tasks, if any, you will need	accommodation to		
			_		

#### Education (circle highest level achieved) 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D College: 1 2 3 4 5 6 7 8 Elementary: Name of School: Name of School: Name of School: Location of School: Location of School: Location of School: If in high school, are you enrolled in a recognized co-op program? ☐ Yes ☐ No Degree & Major: If ves, identify program and school: Work History (please begin with most recent) 1. Company \_\_\_\_\_ Phone No. with Area Code ( ) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Address Dates of Employment: From \_\_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_ Describe duties briefly: Specific reason for leaving: Phone No. with Area Code (\_\_\_\_\_) 2. Company City/State/Zip \_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_ Salary: Beginning \_\_\_\_ Ending \_\_\_\_ Supervisor's Name & Title Describe duties briefly: Specific reason for leaving: Phone No. with Area Code ( ) 3. Company \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_ Salary: Beginning \_\_\_\_ Ending \_\_\_\_ Job Title \_ Supervisor's Name & Title Describe duties briefly: Specific reason for leaving: 4. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_) Address City/State/Zip \_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_ Salary: Beginning \_\_\_\_ Ending \_\_\_\_ Supervisor's Name & Title Describe duties briefly: Specific reason for leaving: **For references purposes:** Have you worked for any of these organizations or attended school under a different name? \_\_\_\_\_ If yes, give name and organization(s) **May we contact the employers listed above?** If not, list the employers you do not wish us to contact and why:

### **Authorizations & At-Will Employment Agreement**

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

#### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date	
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Name (please print)		
Tvaine (piease print)		