

# Employment Application

Sorrell's On The Square is a unique and fun place to work and our environment is friendly and upbeat. We are looking for individuals to join our expanding team who strive for excellence in every way to meet the ongoing high expectations our guests expect. We are looking for people who have a tremendous desire to achieve their personal and professional goals. If you cannot help us with this image of high standards, please do not complete this application. Sorrell's is an Equal Opportunity Employer. Call Gary with any questions – 740-575-4504



## **PLEASE PRINT ALL INFORMATION CLEARLY**

### **Position(s) Applying For:** \_\_\_\_\_

Host/Hostess  Asst. Manager  Chef/Cook  Dishwasher/Bus  Server  Bartender  Other

Application Date: \_\_\_\_\_ Date You Are Available To Start: \_\_\_\_\_

Name: \_\_\_\_\_  
(first) (middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18?  Yes  No Social Security #: *Not needed at this time.*

*Desired Shifts:* \_\_\_\_\_ *Any* \_\_\_\_\_ *Morning* \_\_\_\_\_ *Afternoon* \_\_\_\_\_ *Evening*

*Full Time:* \_\_\_\_\_ *Part Time:* \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

How Far Do You Live From Work? \_\_\_\_\_

Have You Applied With Us Before? \_\_\_\_\_ If so, When: \_\_\_\_\_

Have You Been Employed With Us Before? \_\_\_\_\_ If so, When: \_\_\_\_\_

Are You Currently Employed?  Yes  No

Are you legally authorized to work in the U.S.  Yes  No

Are you ServSafe Certified?  Yes  No

Have You Ever Served In The U.S. Military?  Yes  No If Yes, Rank: \_\_\_\_\_

Do You Have a Valid Drivers License?  Yes  No If No, Explain: \_\_\_\_\_

Are you able to work around all types of food without restrictions?  Yes  No

If No, Explain: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Name Phone Relation**

**Education Background**

<i>School Name</i>	<i>City</i>	<i>Number of Year</i>	<i>Date Graduate (mm/yy)</i>
High School			
College			
Trade/Business			
Other			

**Work Experience**

<i>Date (mm/yy)</i>	<i>Name/Address of Employer</i>	<i>Phone/Supervisor</i>	<i>Hrly Pay</i>	<i>Position</i>	<i>Reason For Leaving</i>
To:					
From:					
To:					
From:					
To:					
From:					

Can we contact your current/most recent employer?  Yes  No  
If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime other than a misdemeanor?  Yes  No

If yes, state when, where, and the nature of the offense: \_\_\_\_\_  
*A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered.*

What Other Skills Do You Have That Would Compliment a Position at Sorrell's? \_\_\_\_\_

\_\_\_\_\_

**Please proceed and complete page 3**

## APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT OF CONDITIONS

Please read the following terms and conditions that govern employment at Sorrell's on the square.

**TRUTHFULNESS OF APPLICATION INFORMATION:** All the information provided by me in support of my application for employment is true and complete. Any false information, misrepresentation, or material omission may result in discipline or discharge.

**AUTHORIZATION OF DISCLOSURES:** Sorrell's may verify all information about this application. I authorize all individuals and organizations named in this application to provide verification information, including their opinions about my performance and me. I further authorize them to release any information from my personnel record, including my prior disciplinary record, to Sorrell's without any written notice to me of that disclosure. I release Sorrell's and these individuals and organizations from any liability that may result from the verification process or the disclosure of my personnel record.

I authorize the physician or clinic to release to Sorrell's results of any physical examination and drug test. I waive any claims based on the physical examination, drug test, and the release of the examination and drug test results to Sorrell's.

I waive any claims based on any of these inquiries and disclosures. I also release Sorrell's from any liability based on the inquiries and disclosures.

**ACCOMMODATION OF DISABILITIES:** I understand that Sorrell's will reasonably accommodate, as required by law, disabled employees. I understand that under State law, I have 182 days from the date I know or reasonably should know that an accommodation is needed to request, in writing, an accommodation. The Americans with Disabilities Act does not contain a similar timing or written notice provision.

**EXPIRATION OF APPLICATION:** This application will be null and void after six months.

**AT-WILL EMPLOYMENT: IF HIRED, I AGREE:** 1. Sorrell's may terminate my employment at its will for any reason or no reason, with or without cause, at any time, with or without advance notice or warning, and its decision is not subject to outside review, except as may be provided by applicable statute. 2. No other representative of Sorrell's, other than the owner, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. 3. No other oral or written statement, policy, or practice can change the at-will nature of my employment as explained in Paragraph #1. My acceptance of employment as an at-will employee would supersede and negate any prior statements or agreements, oral or written, that Sorrell's would employ me on other than an at-will basis or for other than an indefinite term. 4. To abide by all rules and regulations of Sorrell's.

**LIMITATIONS ON LITIGATION:** In consideration of my employment, if hired, I agree: 1. To waive trial by jury of any claims under any State or federal statutes or under the common law that I may have against Sorrell's. 2. Any award in any civil action against Sorrell's alleging that it discharged me in violation of any State or federal statute or any common law obligation will be limited to reinstatement, if available under the applicable statute, and backpay, minus any interim earnings. 3. Not to commence any lawsuit relating to my employment or the termination of my employment with Sorrell's more than one month after the date of termination of my employment and to waive any statute of limitation contrary to this one month period, except as applicable federal civil rights laws only may allow timely actions.

**DOCUMENTATION AND CERTIFICATION OF AUTHORIZATION TO WORK IN USA:** I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to produce the documents will result in revocation of the offer or the termination of employment.

I understand that the authorizations and acknowledgements above state terms and conditions governing my employment with Sorrell's and that my signature below indicates that I have read the terms and conditions stated above and accept them.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only					
Hired (Y/N) _____	Date of Hire: _____	Hired By: _____	Wage (hr): _____		
Available Shifts: 10-2: _____	10:30-2:30 _____	11:00-4:00 _____	3-7: _____	5-11: _____	(check all that apply)
Position: _____	Start Date: _____				
Completed Forms: W4: _____	I9: _____	MI-W4: _____	Direct Deposit (optional): _____	Employee Manual: _____	