

EMPLOYMENT APPLICATION

Thank you for your interest in joining the Little Sorrento team. Please answer all of the following questions to the best of your ability. Sign and return the application in person.

Applicant's Full Legal Name _____ DATE: _____

Home Phone _____ Cell Phone _____

Email Address _____

Current Address:

Number and street _____

City _____ State _____ Zip _____

Employment Positions

Preferred Location: Little Sorrento Savannah & Co.

Position(s) applying for: _____

Are you applying for: Part-time work? ☐ Y or ☐ N Full-time work? ☐ Y or ☐ N

If part-time, ideally how many shifts? _____

I am able to work: Weekday Lunch Weekday Dinner Weekend Lunch Weekend Dinner

If hired, on what date can you start working? ____ / ____ / ____

Personal Information:

Do you have any friends, relatives, or acquaintances working for the company? ☐ Y or ☐ N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? ☐ Y or ☐ N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

☐ Y or ☐ N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ☐ Y or ☐ N

If hired, are you willing to submit to and pass a controlled substance test? ☐ Y or ☐ N

Are you able to perform the essential functions of the job for which you are applying, with reasonable accommodation if necessary? ☐ Y or ☐ N

If no, describe the functions that cannot be performed:

Employment History

Are you currently employed? ☐ Y or ☐ N

If you are currently employed, may we contact your current employer? ☐ Y or ☐ N

Below, please describe past and present employment positions, dating back five years.

Even if you have attached a resume, this section must be completed.

Name of Employer: _____

Name of Supervisor: _____

Business Type: _____ Telephone: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? ☐ Y or ☐ N

Name of Employer: _____

Name of Supervisor: _____

Business Type: _____ Telephone: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? ☐ Y or ☐ N

Name of Employer: _____

Name of Supervisor: _____

Business Type: _____ Telephone: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? ☐ Y or ☐ N

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

Initial_____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Initial_____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initial_____

Applicant's Signature:_____ **Date:**_____