



493 South End Road . Plantsville, CT 06479 . Ph: 860-620-0300 . newmillrestaurant.net

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 job?

____Newspaper _____ Employee _____ Walk-in _____ Relative _____ Other

Why are you seeking a new job at this time? _____

APPLICANT INFORMATION

First Name _____ Middle _____ Last _____

Street Address _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? __Describe _____

Are you at least 18 years old? _____

If you are under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? _____

(Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? _____ Yes _____ No

If yes, state the nature of the offense and disposition of the case. Include dates and places.

(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

EMPLOYMENT INFORMATION

Are you seeking _____ Full time _____ Part time _____ Temporary employment?

What shift(s) are you to work?

LUNCH _____M____ T____ W____Th____ F____Sa____ Su

DINNER _____M____ T____ W____Th____ F____Sa____ Su

LATE NIGHT _____M____ T____ W____Th____ F____Sa____ Su

Are you willing to work overtime? _____ Weekends? _____ Holidays?_____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? If yes, name used: _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____

If yes, please describe: _____

ACCOMMODATION

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? _____

Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

EDUCATION

Please circle highest level achieved.

Elementary: 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

Name and location of most recent school attended: _____

Are you still attending school? _____

If in school, are you enrolled in a recognized co-op program? Yes _____ No _____

Degree & Major: _____

WORK EXPERIENCE

Please list most recent first.

Employer 1 _____

Phone number with area code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Position held _____

Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Employer 2 _____

Phone number with area code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Position held _____

Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Employer 3 _____

Phone number with area code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Position held _____

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:

Please read the Authorizations & At-Will Employment Agreement on the reverse side, and sign and date the application.

AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT

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 for 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.

Please print your name _____

Signature _____

Date _____