



THE OLD SPAGHETTI FACTORY HOURLY EMPLOYMENT APPLICATION

Rev. 3/09

The Old Spaghetti Factory is an Equal Opportunity Employer. Applicants for employment will receive consideration without regard to race, color, national origin, religion, age, sex, physical or mental disability, marital status, veteran status, or any other reason protected under applicable federal, state or local law. Only provide information on this application that demonstrates your qualifications for the position you desire. If you require a reasonable accommodation to participate in the pre-employment process, please advise the Company's representative of your requested accommodation.

PERSONAL INFORMATION

Today's Date: / /

Last Name	First Name	M.I.	Email:	HOME PHONE : () CELL PHONE: ()																																											
Street Address	Box/Apt.	City	State	Zip	Referred by: <input type="checkbox"/> College <input type="checkbox"/> Internet <input type="checkbox"/> OSF Employee <input type="checkbox"/> Other; please specify _____																																										
Have you ever been employed by this or any other Old Spaghetti Factory restaurant and/or office? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", please complete this line : Supervisor and Location: Mo. Yr. Mo. Yr. Date of Employment: / /			CHECK CURRENT AGE <input type="checkbox"/> 15 & Under <input type="checkbox"/> 16 - 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 & Over																																										
POSITION DESIRED (CHECK ONE ONLY): <input type="checkbox"/> Busser <input type="checkbox"/> Server <input type="checkbox"/> Host/Hostess <input type="checkbox"/> Bartender <input type="checkbox"/> Cocktail <input type="checkbox"/> Secretary <input type="checkbox"/> Food Prep <input type="checkbox"/> Line Person <input type="checkbox"/> Maintenance <input type="checkbox"/> Kitchen <input type="checkbox"/> Dishwasher		HOURS PREFERRED: From: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td><td>S</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> To: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	T	W	T	F	S	S																																				
M	T	W	T	F	S	S																																									

QUALIFICATIONS:

Please list all education, training, or experience, which you feel relates to the position applied for that would help you to perform the work, such as schools, colleges, degrees, vocational or technical programs, or military training.

NAME	ADDRESS	DEGREE	SPECIAL ACHIEVEMENT, EXPERIENCE OR TRAINING

EMPLOYMENT (LIST MOST RECENT JOB FIRST)

COMPANY:	ADDRESS:	NAME OF SUPERVISOR: May we contact?
JOB TITLE:	DUTIES PERFORMED:	FROM: MONTH/YEAR TO: MONTH YEAR
STARTING PAY:	REASON FOR LEAVING:	PHONE NUMBER: ()

COMPANY:	ADDRESS:	NAME OF SUPERVISOR: May we contact?
JOB TITLE:	DUTIES PERFORMED:	FROM: MONTH/YEAR TO: MONTH YEAR
STARTING PAY:	REASON FOR LEAVING:	PHONE NUMBER: ()
COMPANY:	ADDRESS:	NAME OF SUPERVISOR: May we contact?
JOB TITLE:	DUTIES PERFORMED:	FROM: MONTH/YEAR TO: MONTH YEAR
STARTING PAY:	REASON FOR LEAVING:	PHONE NUMBER: ()

Have you been convicted of a felony in the past seven years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, impounded, or sealed by a court?
NO ___ **YES** ___
If yes, describe in full:

Initials:

A job description may be provided to you in conjunction with this application. If so, are you able to perform all of the essential functions of the position applied for with or without a reasonable accommodation?
NO ___
YES ___

Initials:

I certify that the information provided in this Employment Application, and any other document provided in an effort to gain employment is true, correct and complete. I also authorize investigation of all statements contained in these documents for employment, as it may be necessary, in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Employment at The Old Spaghetti Factory is at-will, meaning that either I may resign or the employer may terminate my employment at any time and for any reason with or without notice.

Signature:

I understand that no employee or representative of the employer, other than the president of the company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to my at-will employment status described above.

Signature:

I certify that all information contained in this application is truthful and accurate. I fully understand the statements I have initialed or signed above.

SIGNATURE OF APPLICANT

DATE

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA