

Application For Employment

An Equal Opportunity Employer

PERSONAL: (Please Print)



Pomodoro's, Inc.
1070 Tunnel Road
Building One
Asheville, NC 28805
(828)299-3032
pomodoroscafe.com

Name: _____ Date: _____
Last First Middle

Address: _____
No. Street City State Zip Code

Home Telephone: () - Social Security Number: - -

Cellular Phone: () - Email Address: _____

Are you 18 years old or over? Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a felony? Yes No

If Yes, please explain: _____
(Conviction will not automatically disqualify an applicant for employment.)

What brought you to Pomodoros to apply? _____

RESTAURANT EXPERIENCE: (Please check any prior restaurant experience)

- Management Bartender Cook Cashier Other (Please Specify)
 Server Host/Hostess Bus/Dishwasher Catering _____

Position(s) applying For: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

How well do you work in a busy environment? Adequate Good Very Good Excellent

Are you a smoker? Yes No

List any special skills, experiences or qualifications which may benefit you in the job for which you are applying for: _____

Are you willing to work at another Pomodoros location? Yes No

Date Available: _____ **Salary/Hourly Rate Desired:** _____

AVAILABILITY: List hours available to work each day: (all applicants must be available for weekend shifts)

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

Full-Time

Part-Time

EDUCATIONAL BACKGROUND:

	School Name & Address	Years Completed	Diploma Degree	Subjects Studied
High School				
College				
Graduate School				
Other				

EMPLOYMENT HISTORY: (List your last 3 employers, starting with the last one first. **Complete all sections.**)

1) Name of Employer		Address		Telephone	
From: Month Year	To: Month Year	Job Title		Supervisor	
Describe Major Duties: _____					
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason For Leaving:			Starting Salary \$ Per	Final Salary \$ Per	

2) Name of Employer		Address		Telephone	
From: Month Year	To: Month Year	Job Title		Supervisor	
Describe Major Duties: _____					
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason For Leaving:			Starting Salary \$ Per	Final Salary \$ Per	

3) Name of Employer		Address		Telephone	
From: Month Year	To: Month Year	Job Title		Supervisor	
Describe Major Duties: _____					
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason For Leaving:			Starting Salary \$ Per	Final Salary \$ Per	

REFERENCES: (List the names of three persons (not related to you) who have known you for at least two years.

NAME	ADDRESS	OCCUPATION & RELATION	TELEPHONE
1.	_____		
2.	_____		
3.	_____		

PRE-EMPLOYMENT STATEMENT:

"I certify that all the information submitted by me on this application is true and complete. I authorize investigation of all statements contained on this application form and permit Pomodoros, Inc., (hereafter "the company"), to obtain any transcripts, records, or documents pertaining to my education, background or business experience. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected or if I am employed, my employment may be terminated at any time. I understand that Pomodoros, Inc. reserves the right to issue a drug screening at any time. If any employment relationship is established, I understand that I retain the right to terminate my employment at any time and that the company retains the same right. I also understand that my terms of employment can be changed at any time, with or without cause or notice, by the company. I also understand that I am required to abide by all rules and regulations of the company."

SIGNATURE: _____ DATE: _____

FOR EMPLOYER USE ONLY - DO NOT WRITE IN THIS SECTION. Application received by: _____	
Interviewer: _____	Date: _____ Time: _____ Interview Began (date & time) _____
Remarks: _____	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Rate of Pay: _____ Employment Date: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Menu Test Date: _____ Interested in Health Insurance After 90 Days: <input type="checkbox"/> Yes <input type="checkbox"/> No