

Application for Employment

PERSONAL INFORMATION:

| | |
|--|--------------------|
| NAME (LAST, FIRST, MIDDLE) | DATE: |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP) | |
| PERMANT ADDRESS (STREET, CITY, STATE, ZIP) | |
| PHONE NUMBER (AREA CODE) | Ø: aa : |
| STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY | REFERRED BY: |

EMPLOYMENT DESIRED:

| | |
|---|-------------------------------|
| POSITION: | |
| DATE YOU CAN START: | SALARY DESIRED: |
| ARE YOU NOW EMPLOYED? | MAY WE CONTACT YOUR EMPLOYER? |
| HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? | WHEN? |
| SCHEDULE AVAILABILITY? | |

TELL US ABOUT YOUR EDUCATION:

FORMER EMPLOYERS:

| DATE, MONTH & YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|--------------------|------------------------------|--------|----------|--------------------|
| FROM: | | \$ | | |
| TO: | | PER: | | |
| FROM: | | \$ | | |
| TO: | | PER: | | |
| FROM: | | \$ | | |
| TO: | | PER: | | |
| FROM: | | \$ | | |
| TO: | | PER: | | |

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE: _____

Please read the sections below carefully before signing.

U.S. law requires that, if hired, you must furnish appropriate documentation establishing identity and employment eligibility, generally within 72 hours of starting work. For example, acceptable documents include: a U.S. Passport, INS forms 688 or 688A; a Social Security Card or birth certificate issued by government authority and a driver's license, school I.D. with photo or other government issued documentation establishing identity. Certain other documents are equally acceptable. Please consult a member of the management team and ask them for a copy of INS form I-9 for a list of these documents.

You may exclude information regarding any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated. You also may exclude information regarding any conviction that is more than two years old for a violation of California Health and Safety Code Sections 11357, 11360, 11364, 11365 or 11550 (or predecessor statutes) as they relate to marijuana.

***DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? Yes ___ No ___**
IF YES, DESCRIBE IN FULL _____

*Answering yes will not necessarily bar you from employment. Applicants are not required to disclose sealed or expunged conviction records or the existence of such records.

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? Yes ___ No ___

1. I represent and acknowledge that I can read and write English.
2. I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for dismissal.
3. I authorize the persons, employers, schools and organizations listed on this application to give you any information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
4. I acknowledge that Employer reserves the right to amend or modify any of its handbooks or policies at any time and without prior notice. These policies do not create any promises or contractual rights between employer and its employees. Employee's employment is at will. This means an employee is free to terminate his/her employment at any time, without any reason, with or without cause, and employer retains these same rights. Employer by Maurizio Cutrignelli or Sara Cutrignelli are the only persons who may make an exception to this, and any exception must be in writing, addressed to a particular individual, and signed by the Employer by Maurizio Cutrignelli or Sara Cutrignelli.
5. Employer is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, sexual orientation, veterans status or other protected categories. It is this Employer's policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.
6. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

| | | |
|-------------------------------------|------------------------------|-----------------------------|
| Do you read and understand English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Usted entiende y lee ingles? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| Do you read and understand Spanish? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Usted entiende y lee espanol? | <input type="checkbox"/> Si | <input type="checkbox"/> No |

I AUTHORIZE INVESTIGATION OF ALL STATEMENT CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANYTIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____