

jane

BISTRO & BAR

Jane HHI, LLC. is an equal opportunity employer and does not unlawfully discriminate in its employment practices. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Jane HHI, LLC. reserves the right to subject any or all job applicants or active employees to drug testing. This application will be kept in an active file for six months and retained in our records for the period required by law.

Today's Date:		Position(s) Desired:	
Name:		Phone #	
Address:		City:	
		State, Zip:	
Have you ever pled "guilty" or "no contest" or been convicted of a crime? Yes___ No___ If yes, please provide dates and details			
Are you available to work weekends? Yes___ No___		Do you have reliable transportation to and from work? Yes___ No___	

Are you interested in full time or part time employment? Full time___ Part Time___ How many total days/shifts per week are you available to work?						
Please list your availability each day of the week. Our shifts can start as early as 8 a.m., and some shifts may end late night. We reserve the right to require weekend availability and/or a minimum number of shifts for any or all positions.						
Sunday	Monday	Tuesday	Wed.	Thursday	Friday	Saturday

Have you ever eaten at Jane ?
 Yes___ No___
 If so, what do you like most about the Jane experience?

 If not, what prompted you to apply for a position with us?

What special skills and/or qualities do you possess that will benefit Jane?

What is your idea of excellent customer service? (you may give an actual example)

EDUCATION

High School (name and location)

# of years completed:	did you graduate? Yes___ No___ Anticipated date of graduation if applicable:	GPA:
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College/University(name and location)

# of years completed:	did you graduate? Yes___ No___ Anticipated date of graduation if applicable:	Degree: Major:
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PREVIOUS EMPLOYMENT (begin with your most recent position)

Dates of Employment: From: To:	Employer: Supervisor's Name: Reason for leaving:	Hourly rate or salary: May we contact them? Yes___ No___
Position		

Dates of Employment: From: To: Position	Employer: Supervisor's Name: Reason for leaving:	Hourly rate or salary: May we contact them? Yes _____ No _____ Yes _____ No _____
Dates of Employment: From: To: Position	Employer: Supervisor's Name: Reason for leaving:	Hourly rate or salary: May we contact them? Yes _____ No _____ Yes _____ No _____

OTHER REFERENCES:

Name: Relationship:	Phone #:
Name: Relationship:	Phone #:

Applicant's Statement

I understand that I must provide proof of permission to work in the United States as well as any necessary work permits required by law, before being employed in any capacity by Jane HHI, LLC.. I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application as deemed appropriate to determine employment eligibility. I understand that any false or misleading information given in my application or interview(s) may result in termination of my consideration for employment or my actual employment. I acknowledge that I am requested to abide by all rules and regulations of Jane HHI, LLC..

Signature of applicant: _____ Date: _____

Signature of receiving manager: _____ Date: _____

Office use only:

Start Date: _____ Location: _____

Position: _____ Starting wage: _____