



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS. THIS ORGANIZATION PARTICIPATES IN E-VERIFY.

Position applying for: _____ Current Date _____

Desired Employment Location? Rancho Cucamonga Ladera Ranch Rialto Eastvale Corona
 Fontana Upland Pomona Yucaipa Perris Guasti Cafe ToleHouse Cafe

Have you ever been employed by Overeasy, Inc.? Yes [] No [] If yes, where and when? _____

How did you learn about the position? _____

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Alt. Phone _____

Last 4 digits SS# _____ Email Address (Optional) _____

Date available to start work? _____ Desired Wage/Salary _____

AVAILABILITY							
(Indicate the days and times you <u>ARE</u> available to work)							
Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Can you perform the essential functions of the position with or without a reasonable accommodation? Yes [] No []

Are you a U.S. citizen or authorized to work in the U.S. without any restriction? Yes [] No []

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes [] No []

If yes, please describe circumstances: _____

Have you ever been convicted of a felony? Yes [] No []

If yes, please describe circumstances: _____

If selected for employment, will you submit to a pre-employment drug screening test? Yes [] No []

The identifying information below is used by the company only to maintain records required of employers pursuant to federal regulations. Any information supplied by you will not affect your employment with the Company. The Company is an Equal Opportunity Employer. Data which you provide shall be kept confidential, except to that of managers and Human Resources. Either check the box indicating you do not wish to self-identify or indicate race/ethnicity and gender below.

I do not wish to self-identify

<input type="radio"/> Hispanic or Latino	<input type="radio"/> White (Not Hispanic or Latino)	<input type="radio"/> Black or African American (Not Hispanic or Latino)	<input type="radio"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	<input type="radio"/> American Indian or Alaska Native (Not Hispanic or Latino)
<input type="radio"/> Asian (Not Hispanic or Latino)	<input type="radio"/> White	<input type="radio"/> Two or More Races (Not Hispanic or Latino)	<input type="radio"/> Other	<input type="radio"/> Male <input type="radio"/> Female

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Do you have a current Food Handlers Card for the County in which you are applying? Yes [] No []

Other training, certifications or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY <i>(Most Recent Employment First)</i>
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1. Employer _____ Job Title _____
 Dates Employed (Month/Year): To: _____ From: _____ Prior position with this employer if any: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor Name _____ Supervisor Job Title _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer _____ Job Title _____
 Dates Employed (Month/Year): To: _____ From: _____ Prior position with this employer if any: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor Name _____ Supervisor Job Title _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

3. Employer _____ Job Title _____
 Dates Employed (Month/Year): To: _____ From: _____ Prior position with this employer if any: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor Name _____ Supervisor Job Title _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

ACKNOWLEDGEMENT AND AUTHORIZATION
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I certify that answers give herein are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application for employment as deemed necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire whether applications are being accepted at that time.

I, hereby, understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

All positions offered are part-time unless otherwise stated or approved by an Overeas, Inc. corporate officer.

Signature of Applicant _____ Date _____