



THE OLD SPAGHETTI FACTORY HOURLY EMPLOYMENT APPLICATION

Rev. 1/16

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: / /
--	--

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:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
	To:							

QUALIFICATIONS:

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

SPECIAL ACHIEVEMENT, EXPERIENCE OR TRAINING	DEGREE	EDUCATIONAL INSTITUTION

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: ()

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:

CHECK CURRENT AGE

____ 15 & Under
 ____ 16 - 17
 ____ 18 & Over

Are you of legal age to serve alcohol in the state?

Yes
 No
 Unsure
 N/A

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. I understand that I may be asked about job-related criminal convictions and may be required to submit to a background check as part of the interview process, or following a conditional offer of employment, depending on the state in which I am seeking employment. I further understand that a criminal conviction is not an absolute bar to employment.

SIGNATURE OF APPLICANT **DATE**

Este Empleador Participa en E-Verify

E-Verify



Este empleador lo pondrá 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 que usted contrata para confirmar la autenticidad de su trabajo.

AVISO:
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.

Los empleadores no pueden utilizar E-Verify sin el consentimiento de sus empleados.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina de DHS llamando al: **1-888-464-4218**

Employment Verification Done.

The E-Verify logo and text are required trademarks of Homeland Security. Consultación sobre el sitio web en: www.dhs.gov/e-verify

selección de los documentos que serán presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la información del Formulario I-9 coincide con la información de E-Verify para comparar la fotografía de un empleado con las fotografías oficiales del Servicio de Inmigración y Control de Aduanas (USCBIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra de usted durante el proceso de verificación de E-Verify, puede presentar una queja por escrito en contacto con la Oficina de Asesoría Especial llamando al 1-800-295-7688 (TDD: 1-800-237-2515).



E-VERIFY IS A SERVICE OF DHS AND SSA
© 2010 DHS. 1-11-2010

This Employer Participates in E-Verify

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.

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

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.

Employment Verification Done.

For more information on E-Verify, please contact DHS at: **1-888-464-4218**

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).



E-VERIFY IS A SERVICE OF DHS AND SSA
© 2010 DHS. 1-11-2010

Este Empleador Participa en E-Verify

E-Verify



Este empleador lo pondrá 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 que usted contrata para confirmar la autenticidad de su trabajo.

AVISO:
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.

Los empleadores no pueden utilizar E-Verify sin el consentimiento de sus empleados.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina de DHS llamando al: **1-888-464-4218**

Employment Verification Done.

The E-Verify logo and text are required trademarks of Homeland Security. Consultación sobre el sitio web en: www.dhs.gov/e-verify

selección de los documentos que serán presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la información del Formulario I-9 coincide con la información de E-Verify para comparar la fotografía de un empleado con las fotografías oficiales del Servicio de Inmigración y Control de Aduanas (USCBIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra de usted durante el proceso de verificación de E-Verify, puede presentar una queja por escrito en contacto con la Oficina de Asesoría Especial llamando al 1-800-295-7688 (TDD: 1-800-237-2515).



E-VERIFY IS A SERVICE OF DHS AND SSA
© 2010 DHS. 1-11-2010

This Employer Participates in E-Verify

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.

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

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.

Employment Verification Done.

For more information on E-Verify, please contact DHS at: **1-888-464-4218**

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).



E-VERIFY IS A SERVICE OF DHS AND SSA
© 2010 DHS. 1-11-2010

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes que protegen su derecho a trabajar y a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Llame al 1-800-255-7688. La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al 202-616-5984, o al 202-616-5925 (personas con problemas de audición) o escriba a la Oficina del Consejo Especial de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-1728.



Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles
Oficina del Consejo Especial

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.

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

You should know that -
No employer can deny you a job or fire you because of your national origin.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the USC. Contact the USC 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 202-616-5984, TDD 202-616-5925.

Or write to:
U.S. Department of Justice
Office of Special Counsel - NIA
980 Pennsylvania Ave., NW
Washington, DC 20530

U.S. Department of Justice
Civil Rights Division

Office of Special Counsel for
Immigrant-Related Unfair
Employment Practices

