

Mashpee Commons

508-477-5929

www.siena.us

**Siena**

Italian

Restaurant

**Application for Employment**

**Please Print:** Complete the entire application. You may attach a resume, but you must still complete all the questions. Applications with missing or invalid job telephone numbers will not be considered.

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| --- | --- | --- | --- |
| Position Applying For: | * Line Cook
* Food Prep
 | * Pizza Cook
* Dishwasher
 | * Runner /Busser
* Host
 |
| Name (Last, First, Middle) | Street Address: | City, State & Zip: |
| Social Security Number:  | Home Phone: | Cell Phone: | Date Available to Start: |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you eligible to work in the United States? |  Yes No | Are you 18 years of age or older? |  Yes No |
| Have you ever been convicted of a felony? |  Yes No | If YES, please explain: |
| Have you ever been employed by Better Foods? |  Yes No | If YES, which location? |
| Do you have reliable transportation? |  Yes No | Referred by? |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | Did you graduate? | If NO, # of years completed | Major | Degree Received |
| High School or GED: |  Yes No |  |  |  |
| Other School: |  Yes No |  |  |  |
| College: |  Yes No |  |  |  |

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| --- |
| What type of position are you seeking? Part-Time Full-Time Seasonal Temporary |
| Total Hours desired per week:  | Schedule Restrictions: |
| Salary Desired: | Are you employed? Yes No | If YES, may we contact your current employer? Yes No |

**WORK EXPERIENCE**

Please detail your entire work history. Begin with your current or most recent employer. Please explain any gaps in employment. Include military or volunteer commitments. Attach additional sheets if necessary.

**Please note:** Siena reserves the right to contact all current and former employers for reference information.

|  |
| --- |
| Organization Name and Address: |
| Last Rate of Pay: | Dates Employed:From: To: | Eligible for Re-Hire? Yes No |
| Supervisor’s Name and Title: | Phone #: |
| Primary Duties: | Reason for Leaving: |

|  |
| --- |
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**Please read carefully and sign that you understand and accept this information:**

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that omission or false information is grounds for dismissal. I authorize the references listed on this application to give any and all information concerning my previous employment and pertinent information they may have, personal and otherwise.

Applicant Signature:

Date: