

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |

|  |  |  |
| --- | --- | --- |
| 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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| Primary Duties: | | Reason for Leaving: | |

**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: