



**AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_  
Month / Date / Year

Name: \_\_\_\_\_ Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
(If less than 2 years at current address) Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Month / Day / Year Evening Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you legally able to work in the United States?  Yes  No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

For what position are you applying?

- Server  Host  Busser  
 Line Cook  Dishwasher

Expected Starting Hourly Rate: \_\_\_\_\_  
Expected Weekly Earnings: \_\_\_\_\_

Who referred you to The Four Seasons? \_\_\_\_\_ Date available for employment: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Have you ever been convicted of a felony which has not been annulled or sealed by a court?  Yes  No  
If yes, please explain:

**AVAILABILITY**

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

Are you willing to work holidays / weekends? \_\_\_\_\_

How many hours per week do you expect to work? \_\_\_\_\_

**EDUCATION**

Type of School	School Name	Location	Courses/ Major	Present Year	Diploma/ Degree
High School				9 10 11 12	
College/other				1 2 3 4	

**EMPLOYMENT**

Employer	Phone	From (Month/Yr)	To (Month/Yr)	Supervisor	Title
Address				Your Position	
City/State/Zip		Salary		Reason for Leaving	
Employer	Phone	From (Month/Yr)	To (Month/Yr)	Supervisor	Title
Address				Your Position	
City/State/Zip		Salary		Reason for Leaving	

I UNDERSTAND THAT THE FOUR SEASONS DINER HAS IN PLACE A DISPUTE RESOLUTION PROCEDURE, AND I FURTHER ACKNOWLEDGE AND AGREE THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT, ANY DISPUTE BETWEEN ME AND THE FOUR SEASONS DINER RELATING TO MY EMPLOYMENT AND/OR MY SEPARATION FROM EMPLOYMENT, SHALL BE SUBMITTED WITHIN ONE (1) YEAR OF THE DAY WHICH I LEARNED OF THE EVENT AND SHALL BE RESOLVED PURSUANT TO THE TERMS AND CONDITION OF THE DISPUTE RESOLUTION PROCEDURE.

**NOTICE TO TIPPED EMPLOYEES:** You are hereby notified that Section 3(m) of the Fair Labor Standards Act (The Federal Minimum Wage Law) provides as follows: In determining the wage of a tipped employee, the amount paid such employee shall be at least an amount equal to the cash wage of \$2.13 an hour and an additional amount of the tips received by such employee which amount is equal to the difference between \$2.13 an hour and the current minimum wage in effect. The additional amount on account of tips may not exceed the value of the tips actually received by an employee. The preceding two sentences shall not apply with respect to any tipped employee unless such employee has been informed by the employer of the provisions of the section and all tips received by such employee have been retained by the employee, except that nothing herein shall prohibit the pooling of tips among employees who customarily and regularly receive tips. Some states have eliminated the tip credit or require a lower percentage of the tip credit than the Federal Minimum Wage Law, in which case State Law will apply.

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS OF THE FOUR SEASONS DINER. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF THE FOUR SEASONS DINER OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY. IT IS THE POLICY OF THE FOUR SEASONS DINER TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED.