

Sciarra Restaurant Groups



Application for Employment

T/A Mudhen Brewing Co, Dogtooth Bar & Grill, Poppi's Brick Oven

100 E. Taylor Ave. | Wildwood, NJ 08260

An Equal Opportunity Employer

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans' status, or disability. Sciarra Restaurant Groups will not tolerate any form of discrimination or sexual harassment.

PRINT LEGIBLY IN INK. Complete entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid information will not be considered for any position.

DATE* MONTH DAY YEAR

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PERSONAL DATA

NAME* (LAST)

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SOCIAL SECURITY NUMBER

X	X	X	-	X	X				
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NAME* (FIRST)

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MI DO NOT USE A

P.O. BOX	

ADDRESS* (NUMBER) (STREET) (APARTMENT NUMBER/ SUITE)

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CITY*

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STATE*

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ZIP CODE

--	--	--	--	--

FULL E-MAIL ADDRESS

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PRIMARY PHONE NO.*

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SECONDARY PHONE NO.

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At which location are you applying? Mudhen Brewing Co. Dogtooth Bar & Grill Poppi's Brick Oven

Are you 18 years old or older? (If under 18, you will be required to submit working papers if offered employment.) Yes No

If hired, you will be required to furnish proof that you are legally authorized to work in the United States.

Are you legally able to work in the United States? Yes No Are you willing to take a drug test? Yes No

Do you have a valid driver's license? Yes No If YES, State of Insurance, license #, and expiration date:

Have you ever been employed by Sciarra Restaurant Groups? Yes No

Position Held: _____ When: _____

Do you have any relatives working for Sciarra Restaurant Groups?* Yes No **If YES, PLEASE COMPLETE THIS SECTION**

Name: _____ Relationship: _____

Job Title: _____ Location: _____

RELATIVES WILL NOT BE EMPLOYED UNDER DIRECT SUPERVISION OF ONE ANOTHER NOR WILL THEY BE PLACED IN THE SAME DEPARTMENT IF, IN SCIARRA RESTAURANTS OPINION, THIS COULD RESULT IN POTENTIAL CONFLICTS OF INTEREST.

EDUCATIONAL BACKGROUND

Name and Address of School	Graduate? Y/N	Diploma/Degree or Credits Earned	Field of Study
High School Attended:			
College or University:			
Graduate School:			
Other Formal Training:			



EMPLOYMENT INTERESTS

Indicate preferred work schedule: Full-time Part-time Seasonal (May-Oct) Days Evenings Any shift Rotating Shift

Job Position/s you are applying for: 1. _____ 2. _____ (If Applicable) 3. _____ (If Applicable)

DATE YOU CAN START: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/					ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain:
		/			/							

EMPLOYMENT HISTORY

LIST YOUR LAST FOUR EMPLOYERS, INCLUDING MILITARY EXPERIENCE, STARTING WITH THE MOST RECENT. Employer reserves the right to contact all current and former employers for reference information.

	DATE AND YEAR	MONTH	EMPLOYER NAME, ADDRESS, AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
1	FROM					
	TO					
2	FROM					
	TO					
3	FROM					
	TO					
4	FROM					
	TO					

SKILLS & QUALIFICATONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT, EDUCATION OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH SCIARRA RESTAURANT GROUPS. PLEASE LIST TECHNICAL SKILLS, CLERICAL SKILLS, TRADE SKILLS, ETC., RELEVANT TO THIS POSITION. INCLUDE RELEVANT COMPUTER SYSTEMS AND SOFTWARE PACKAGES OF WHICH YOU HAVE A WORKING KNOWLEDGE, AND NOTE YOUR LEVEL OF PROFICIENCY (BASIC, INTERMEDIATE, EXPERT)

REFERENCES

LIST THREE PEOPLE UNRELATED TO YOU WHOM WE MAY CONTACT FOR INFORMATION CONCERNING YOUR QUALIFCATIONS.

NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:	PHONE NUMBER:
OCCUPATION:	OCCUPATION:	OCCUPATION:
<i>How do you know?</i> Personal or Business Relationship? (CIRCLE ONE)	<i>How do you know?</i> Personal or Business Relationship? (CIRCLE ONE)	<i>How do you know?</i> Personal or Business Relationship? (CIRCLE ONE)



APPLICANT'S CERTIFICATION, AGREEMENT & AUTHORIZATION

I **authorize** my former employers to release any information they may have concerning my employment record and I release the State of New Jersey and all previous employers listed above from all liability whatsoever that may issue from securing this information.

I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I **CERTIFY** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

I **UNDERSTAND** that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

I **UNDERSTAND** that staff employees, of Sciarra Restaurant Groups serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, or than a reason prohibited by law.

SIGNATURE: _____

DATE: _____

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