

TYPE or PRINT in INK Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted

JOB APPLIED FOR (Listed on the recruitment announcement):	SOCIAL SECURITY NUMBER: - -
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WHERE DID YOU HEAR ABOUT US:	WHO CONTACTED YOU:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE	

<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER (Check one):	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE:
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WORK SCHEDULE AVAILABILITY		
Check Only One: <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B)	Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> INTERMITTENT (I) <input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> ANY (B)	Date You Can Report For Work:
Check those that Apply: <input type="checkbox"/> DAY (10AM-3PM) <input type="checkbox"/> EVENING (5PM-12AM) <input type="checkbox"/> EITHER	Check the Days you would PREFER to Work: (not a guarantee) <input type="checkbox"/> MONDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	I can NOT work on this day: <input type="checkbox"/> _____

EDUCATION / TRAINING HISTORY
List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
B		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
C		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

WORK HISTORY

JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN CURRENT OR LAST POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CONTINUE WORK HISTORY ON NEXT PAGE

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JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 3

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ♦ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ♦ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ♦ I authorize Mendocino Restaurant to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ♦ I authorize the Mendocino Restaurant to check my driving record if the position for which I am applying requires driving.
- ♦ I release the Mendocino Restaurant from any liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

AT WILL EMPLOYMENT AGREEMENT

- ♦ Employee's employment with Mendocino Restaurant is "at will." "At will" is defined as allowing either Employee or Employer to terminate the Agreement at any time, for any reason permitted by law, with or without cause and with or without notice.

I agree to the conditions stated in this "Certification and Signature" and "At Will Employment" sections, and acknowledge that both sections are enforceable as signed below.

SIGNATURE (Must signed IN INK if submitting hard copy):

DATE:
