

JAMAICO, INC. dba: JAMAICAN GRILL



APPLICATION FOR EMPLOYMENT

"We're an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status."

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you find out about this job? \_\_\_Newspaper \_\_\_Employee \_\_\_Walk-in \_\_\_Others

Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ Phone \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_Yes \_\_\_No

If yes, could you provide proof of U.S. citizenship or immigration status if hired? \_\_\_Yes \_\_\_No

If necessary for the job, are you at least 18 years old? \_\_\_Yes \_\_\_No

Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

If hired, what are your preferred available work hours: \_\_\_Day time \_\_\_Night time \_\_\_Flexible

Is there anything that will prevent you from coming in to work on time? \_\_\_Yes \_\_\_No

If yes, give the reason: \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? \_\_\_\_\_ If yes, name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

If applicable, please refer to the job description for the position for which you are applying.

Are you able to perform all these tasks with or without reasonable accommodation? \_\_\_\_\_

Please describe which tasks, if any you will need accommodation to perform and explain what type of accommodation you will need. \_\_\_\_\_

List any special skills, training or trade: \_\_\_\_\_

Education (please circle highest level achieved)

High School: 9 10 11 12 G.E.D.

College: 1 2 3 4 more

Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Year graduated: \_\_\_\_\_

Year graduated: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

**Work History** (please begin with most recent)

1. Company \_\_\_\_\_ Phone No. w/ Area Code (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

2. Company \_\_\_\_\_ Phone No. w/ Area Code (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

3. Company \_\_\_\_\_ Phone No. w/ Area Code (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

For reference purposes: Have you worked for any of these organizations or attended school under a different name? \_\_\_\_\_ If yes, give name and organization(s) \_\_\_\_\_  
May we contact the employers listed above? \_\_\_\_\_ If not, list the employers you do not wish to contact and why? \_\_\_\_\_

**Authorizations & At-Will Employment Agreement (Please read carefully, then sign & date below)**

I certify that I have personally completed this application. I declare that the information provided in this employment is true and complete and understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification from my dismissal from employment if discovered at a later date.

I authorize this company to make inquiry of all information contained in this application and release from liability all companies supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition that is job-related. I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated administrator.

**AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that nothing in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President/Owners are authorized to change the employment at will status and such a change can be done in writing. I have read, understand, and agree to the above.

Name Print & Sign \_\_\_\_\_ Date \_\_\_\_\_