



Twisted Sage Cafe
 433 E. Foothill Blvd,
 San Dimas CA 91773
 909-305-0724
 TwistedSageCafe@gmail.com

Application for Employment

Twisted Sage Café and Catering

Please Print			Date:	
Last Name	First Name	MI	Social Security No.	Home Phone No.
Address	City	ST	ZIP	Additional Phone No.
Position Applying for:				
Have you ever applied for or been employed by Twisted Sage Café before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____				
Do you have any friends or relatives working for Twisted Sage Café ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state name and relationship: _____				
Name		Relationship		

Name		Relationship		

If you are hired, do you have a reliable means of transportation to and from work?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal age)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you present evidence of your U. S. Citizenship or proof of your legal Right to live and work in this country?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Education, Training and Experience				
High School	City, State	No. of years	Did you graduate?	Degree or Diploma
College or University	City, State	No. of years	Did you graduate?	Degree or Diploma
Vocational or Business School	City, State	No. of years	Did you graduate?	Degree or Diploma
Additional Schooling/College	City, State	No. of years	Did you graduate?	Degree or Diploma
Employment History				
(List present and past employers beginning with your most recent employer. A ten (10) year history is preferred. Account for all periods of unemployment and complete this section even if you are attaching a resume)				
Company name & Address	Supervisor's Name & Phone No.	Dates of Employment		Reason for Leaving May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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References:

Please list three persons who have knowledge of your work performance within the last 3 – 5 years.

Name	Occupation	No. of years Acquainted	Phone No.
Name	Occupation	No. of years Acquainted	Phone No.
Name	Occupation	No. of years Acquainted	Phone No.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, furthermore authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation and disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

As an employer committed to providing a safe, healthy and productive environment Twisted Sage Cafe maintains a strict Drug and Alcohol Abuse Policy, prohibiting employee use, possession and distribution of drugs or alcohol in the workplace or while on company time or company property. I understand that, as an applicant, all potential offers of employment with the company are contingent upon submitting to, and passing, a drug/alcohol test. I further understand that any refusal to cooperate with this policy, in any capacity, will render any potential employment offer null and void.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical exam and/or skills-agility tests)

Date

Applicant's Signature
