



**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Please write "N/A" if information is not applicable. Resumes, though welcome, should not be submitted in place of the information requested below.

PLEASE PRINT

Last Name		First Name		Middle Initial	Social Security Number
Present Street Address			City	State	Zip Code
Cell Phone Number	Home Phone Number		Email Address		

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time Part-time Temporary employment? \_\_\_\_\_ When could you start work? \_\_\_\_\_

- |  |                    |
|--|--------------------|
| 1. Are you 18 years of age or older? (Please provide proof)  | Yes _____ No _____ |
| 2. If hired, can you furnish proof you are eligible to work in the U.S.?   | Yes _____ No _____ |
| 3. Are you of legal age to serve alcohol in this state?  | Yes _____ No _____ |
| 4. Are you TIPS Certified?   | Yes _____ No _____ |
| 5. As an adult, have you ever been convicted of a felony, has not been annulled, erased, expunged, vacated, sealed by the Court, or referred to a diversion program? | Yes _____ No _____ |
| 6. Have you ever applied for a job with this company before?   | Yes _____ No _____ |
| 7. Have you ever been terminated from a job before   | Yes _____ No _____ |
- If so, please provide the situation that occurred below

8. Do you presently have a job that you intend to keep if hired? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. You would like to work \_\_\_\_\_ Part Time (\_\_\_\_\_ hours per week) or \_\_\_\_\_ Full Time(\_\_\_\_\_ hours per week)

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Earliest Time In							
Latest Time Out							

10. Do you have reliable transportation to work? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Are you available to work on holidays and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

**12. Education**

	Name of School	Dates Attended	Last Year Completed	Major/Specialty	Degrees Received
High School					
GED					
College/Other					

**13. Personal References (other than immediate family)**

Name	Phone Number	# of Years Known	Relationship

**14. Work History** (list your last 3 jobs)

	Current or Most Recent Job	Previous Job	Previous Job
Company Name			
Address			
Position			
Job Duties(Please describe)			
Did you handle cash?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Name, Title of Immediate Supervisor	_____		
Phone Number	_____-_____-_____	_____-_____-_____	_____-_____-_____
Dates of Employment	From ___/___/___ To ___/___/___	From ___/___/___ To ___/___/___	From ___/___/___ To ___/___/___
Reasons for Leaving			
Weekly Earnings \$\$			
All Employers may be contacted to verify information you provide.	May we contact current employer prior to any offer of employment ____ Yes ____ No	May we contact current employer prior to any offer of employment ____ Yes ____ No	May we contact current employer prior to any offer of employment ____ Yes ____ No

*Note: In Rhode Island, smoking is prohibited in enclosed areas within places of employment.*

**Please Read the Following Carefully and Sign Below**

I declare that I am qualified to perform all of the duties of the position I am seeking. I also declare that the information provided in this Application is correct and any false statements or omissions that justify my rejection for or dismissal from employment. I authorize the Company to conduct any necessary investigation regarding my background (including inquiries of me, prior or current employers, schools and other persons, institutions, businesses, and checking motor vehicle records, court records, and criminal records) as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I hereby release all parties from any liability in connection with the provision and use of such information. I will agree to drug test, if permitted by law, and if requested, to be paid for by the Company. (The results of any drug test, consistent with any applicable law, be used to make employment decisions, including decisions related to hiring or continued employment.) I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment. I understand and agree that if I am hired my employment is "AT-WILL" which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, with or without advanced notice. I understand that any policies and procedures implemented by the company in the event of my employment do not alter my AT-WILL employment status. I understand the Company, in its sole discretion, may at anytime change its personal policies and may also change my job description, responsibilities, wages, and benefits.

II HEREBY ACKNOWLEDGE AND UNDERSTAND THE NOTICE THAT IS DESCRIBED ABOVE AND THAT IF I AM HIRED I WILL BE AN AT WILL EMPLOYEE.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Rhode Island Department of Health Office of Food Protection

## Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on illness due to Norovirus, *Salmonella Typhi*, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A Virus

*The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.*

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

#### Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

- |             |   |
|-------------|---|
| 1. Diarrhea | 4. Sore throat with fever   |
| 2. Vomiting | 5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small) |
| 3. Jaundice |   |

#### Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

#### Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Employee Name (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Holder or Representative Signature \_\_\_\_\_ Date \_\_\_\_\_