

Little Lucca Specialty Sandwich Shop Inc.

Application for Employment

Name (first, middle, last) _____

Phone No.: () _____ Social Security No.: _____

Street Address: _____ City, State, Zip: _____

How long at this address? _____

Email address: _____

Person to contact in Emergency (name and phone number): _____

Are you under the age of 18? ___ yes ___ no (if "yes," can you after employment, show proof of age?
 ___yes ___no

Can you, after employment, submit verification of your legal right to work in the U.S.? ___yes ___no

Have you ever been counseled or disciplined for being late or absent from work or school? ___ yes ___no

Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person? ___ yes ___no

If yes, please describe, including dates charged, penalties, and current disposition. Note: Convictions are not an automatic disqualification from employment.

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

If hired, when could you begin work? (Month, day, year) _____

Do you have reliable transportation to get to work? ___yes ___no

How many hours do you want to work each week? _____

Do you have any Health problems that would restrict your ability to work here? _____

Education

Name	City, State	Number of years completed	GPA	Degree or Diploma	Contact Person(dept., Ph#)
High School					
College					
Other					

Which location:

So. San Francisco

Burlingame

Consider me for either location

Work Experience

Company	Address	Position & duties	Supervisor Name & phone	Dates Employed	Reason for leaving
				Dates: Ending wage \$	
				Dates: Ending wage \$	
				Dates: Ending wage \$	

What starting salary do you expect? _____

Have you ever worked at a Deli? _____ Do you know anyone who owns one? _____ if yes, Where?

Why would you like to work at Little Lucca?

References

List three (3) school, work or personal references who we may contact. Please do not list people who are related to you.

Name	Telephone Number	How long have you known this person	Relationship to you	Specify if school, work or a personal reference (S,W,P)

Applicant's Statements

Please read the following statements carefully before signing this application.

1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
2. I understand that in the connection with the application process, Little Lucca and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application.
3. If employed, I agree to conform to the rules and regulations of Little Lucca and understand that I will be an employee at-will, and my employment may be terminated at any time by me or Little Lucca, with or without notice, for any reason.

Applicant's Signature:	Date:
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