

APPLICATION FOR EMPLOYMENT

Gaggles, Inc. is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Current Date: _____

Position(s) for which you are applying: (check all in which you are interested and/or believe to be qualified to perform):

- Host Expo Server Bartender Barback Busser Dishwasher
 Prep Cook Cook Kitchen Manager Assistant Manager General Manager Corporate

Desired Employment Location:

- Rancho Cucamonga Rialto Chino Hills Redlands Perris

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if different than above)

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Alt. Phone _____

Email Address _____

Have you ever been employed by Gaggles, Inc. (dba Septembers Taproom & Eatery)? Yes [] No []

How did you learn about the position? _____

Date available to start work? _____

AVAILABILITY

Your availability will be considered; however, schedules are based on the needs of the business.

*For each day, indicate the times you **ARE** available to work. Include AM or PM for each time.*

*If you are **unavailable** to work on any given day, mark an 'x' in the both the 'From' and 'To' boxes for that day.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Do you have any commitments within the next 90 days that may conflict with your stated availability? Yes [] No []

If yes, explain _____

Can you perform the essential functions of the position with or without a reasonable accommodation? Yes [] No []

Are you at least 18 years of age? (If no, you may be required to provide a valid work permit.) Yes [] No []

Are you willing to submit to a drug screening test? Yes [] No []

Are you willing to submit to a background screening? Yes [] No []

Do you have the legal right to work in the U.S.? Yes [] No []

(Proof of identity and eligibility will be required upon employment.)

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Do you have a current Food Handlers Card for the County in which you are applying? Yes [] No []

Do you have any other certifications, licenses, or training relevant to the position you are applying? Yes [] No []

Are you presently employed? Yes [] No []

May we contact you present/past employer? Yes [] No []

EMPLOYMENT HISTORY

(Most Recent Employment First)

1. Employer _____ Job Title _____
Dates Employed (Month/Year): From: _____ To: _____ Prior position with this employer if any: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor Name _____ Supervisor Job Title _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed (Month/Year): From: _____ To: _____ Prior position with this employer if any: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor Name _____ Supervisor Job Title _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed (Month/Year): From: _____ To: _____ Prior position with this employer if any: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor Name _____ Supervisor Job Title _____
Duties Performed _____
Reason for Leaving _____

APPLICANT'S CERTIFICATION AND AGREEMENT

This application for employment shall be considered active for a period of time not to exceed 60 days.

I hereby certify that the information set forth in the above employment application is true and complete to the best of my knowledge. I understand that, if hired, false or misleading information given or omitted in my application or interview(s) may result in my disqualification from consideration for employment, or my dismissal from employment. I also understand that my employment is contingent upon a satisfactory drug screening, background and reference check. I give Gaggles the right to investigate the information I've provided and to secure additional information if necessary. I understand that upon offer and acceptance of a position with Gaggles, Inc. I will be required to immediately furnish documentation establishing my identity and eligibility to be legally employed in the United States. I further agree to fully adhere to the policies, rules and regulations of employment of Gaggles, Inc. I understand that Gaggles, Inc. is in no way obligated to provide employment, and also that I am in no way obligated to accept employment, if offered. I understand that this application does not bind either party, and the statements contained herein, or said during the interview process, do not constitute, and should not be interpreted to constitute, any sort of contract of employment for a specific period of time. I understand that employment at Gaggles, Inc. is employment at-will. Employment at-will may be terminated at the will of either me or Gaggles and may be terminated with or without cause at any time by me or Gaggles. Terms and conditions of employment with Gaggles may be modified at the sole discretion of the company with or without cause and with or without notice.

Signature of Applicant _____ Date _____