

APPLICATION FOR EMPLOYMENT

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. This organization participates in E-Verify.

Position applying for: _____ Current Date: _____

Desired Employment Location? Rancho Cucamonga Rialto

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

How did you learn about the position? _____

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Alt. Phone _____

Email Address (Optional) _____ 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.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Check all shifts you are available to work: Morning Afternoon Evening Graveyard

Are there any specific days you are not available to work? Yes [] No []

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

Are you over the age of 18 years? (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 []

Are you a U.S. citizen or authorized to work in the U.S. without any restriction?
(Proof of identity and eligibility will be required upon employment) Yes [] No []

SELF - IDENTIFICATION SECTION

(The below information is voluntary and is not a condition of your employment.)

This information is kept confidential and only visible to the management of Gaggles, Inc..)

Race/Ethnicity: Please Check One ✓

- I DO NOT wish to Self - Identify
- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Gender: Please Check ✓ the appropriate category

- Male Female I DO NOT wish to Self - Identify

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 <i>(Most Recent Employment First)</i>
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- 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 _____
- 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 _____
- 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
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This application for employment shall be considered active for a period of time not to exceed 60 days.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Gaggles, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Gaggles, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that my offer of employment is contingent upon the completion of a satisfactory background check, drug testing and reference checks. Gaggles, Inc. reserves the right to end my employment should the results of my background screening not be satisfactory. I further understand that my employment with Gaggles, Inc. is considered at will, meaning that either the company or I may terminate the employment relationship at any time, with or without cause or notice.

Signature of Applicant _____ Date _____