La Scala

34 Vanderbilt Pkwy Commack, NY 11725
(631) 499-6049

Please bring completed application to La Scala. Do not mail, fax or send via e-mail.

AN EQUAL OPPORTUNITY EMPLOYER - **APPLICATION FOR EMPLOYMENT**

In order for you to be considered for employment, this application must be filled out in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.

GENERAL

PLEASE PRINT

Date: _____

Month Date Year

Name: _____ Social Security No: / /

First Middle Last

Present Address: _____

Street City State Zip

Birth Date: Day Phone: Evening Phone:

(SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED.) For what position are you applying?

Server Host Busser Server Line Cook Dishwasher

Expected Starting Hourly Rate: Expected Weekly Earnings:

Who referred you? Date available for employment

Are you presently or have you ever been employed by O Sole Mio, Olio, La Scala, Buona Sera or Caffe Amici? Yes No

Location: Dates:

WORK SCHEDULE AVAILABILITY

What hours are you available to work?

SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

BUSINESS EXPERIENCE

(list three most recent employers)

Present Employer (or most recent)		Area Code/Phone	From	To	Name of Immediate Supervisor
City	State	Zip Code		Salary	Reason For Leaving
Previous Employer		Area Code/Phone	From	To	Name of Immediate Supervisor
City	State	Zip Code		Salary	Reason For Leaving
Previous Employer		Area Code/Phone	From	To	Name of Immediate Supervisor
City	State	Zip Code		Salary	Reason For Leaving

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS THE EMPLOYER. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION THE EMPLOYER OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY

DATE _____ SIGNATURE OF APPLICANT _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED.