



5990 Jericho Tpke Commack, NY 11725
(631) 858-9898

Please bring completed application to Olio. 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: _____ / _____ / _____

Present Address: First _____ Middle _____ Last _____

Street _____ City _____ State _____ Zip _____

Birth Date: _____ Day Phone: _____ Evening Phone: _____

Month _____ Day _____ Year _____

(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 Caffè 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.