



2194C Nesconset Hwy Stony Brook, NY 11790 (631) 751-160

Please bring completed application to O Sole Mio. Do not mail, fax or send via e-mail.

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: \_\_\_\_\_

(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, Olivo, 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.