

Application for Employment

Spirits Food and Friends

Statement of Values

Dear Applicant:

Welcome to <u>Spirits Food and Friends</u>. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing development of our staff and see it as a worthy investment in the future of Spirits.
- We believe in providing great service the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

Spirits Food and Friends- Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for		Date				
How did you find out about this job?	☐ Newspaper ☐ Employee ☐ W	alk-in 🗖 Relative 🗖 Other				
Why are you seeking a new job at this	s time?					
Applicant Informati	on					
First Name	Middle	Last				
Street Address	Social Security No					
City/State/Zip	Phone ()					
If hired, do you have a reliable means	of transportation to get to work?	Describe				
Are you at least 18 years old?	If you are under 18 years of age, of	can you furnish a work permit?				
If the job you are applying for require Are you legally eligible for employment	•		•			
Have you been convicted of a crime? (NOTE: The existence of a criminal record does			ne case. Include dates and places			
Are you a veteran?	If yes, give dates of service:	From To				
List any special skills or training:						
Employment Inform	nation					
Are you seeking full time, part time o						
What hours and shift(s) would you pr	efer to work?					
List times you are not available to wo	rk?					
Are you willing to work overtime? _	Weekends? Hol	idays?				
Are you currently employed?	If hired, when would you be at	ole to start?				
Have you ever worked for this organi	zation before? If yes, na	me used:				
List any friends or relatives employed	by this company:					
Have you ever been discharged or ask	ted to resign from any position?	If yes, please describe:	:			

	ucation (circle highest level	achieved)		1	
emei	ntary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11	12 G.E.D	College: 1 2 3 4 5 6 7 8	
Name of School:		Name of School:		Name of School:	
Location of School:		Location of School:		Location of School:	
in hi	gh school, are you enrolled in a reco	gnized co-op program?	☐ Yes ☐ No	Degree & Major:	
yes,	identify program and school:			Minor:	
No	ork History (please begin w	ith most recent)			
1	Commence		Dlama Na midh	A Cl ()	
1.				Phone No. with Area Code () City/State/Zip	
				ng Ending	
				ne & Title	
				nie & Title	
	Specific reason for leaving:				
2.				Area Code ()	
				City/State/Zip	
				ng Ending	
				ne & Title	
	Describe duties briefly:				
	Specific reason for leaving:				
3.				Area Code ()	
	Address		City/State/Zip _		
	Dates of Employment: From	То	Salary: Beginnin	ng Ending	
	Job Title		Supervisor's Nar	me & Title	
	Describe duties briefly:				
	Specific reason for leaving:				
4.	Company		Phone No. with	Area Code ()	
	Address		City/State/Zip _		
				ng Ending	
	Job Title		Supervisor's Nar	me & Title	
	Describe duties briefly:				
	Specific reason for leaving:				

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize TL Ventures, LLC (doing business as Spirits Food and Friends) to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this TL Ventures, LLC (doing business as Spirits Food and Friends), as well as its owners, from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between TL Ventures, LLC (doing business as Spirits Food and Friends) and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all by TL Ventures, LLC (doing business as Spirits Food and Friends). I understand that TL Ventures, LLC (doing business as Spirits Food and Friends) may agree to change the employment-at-will status, but such a change can only be effected through a written employment agreement executed by and between TL Ventures, LLC (doing business as Spirits Food and Friends) and me. I have read, understand, and agree to the above.

Signature	Date
Name (please print)	