

# STATEMENT OF VALUES

## **GOOD TO GRILL RESTAURANTS LLC**

*dba GOOD TO GRILL / CALIENTE DEL SOL*

## **LAUGHING GRAVY RESTAURANTS INC.**

*dba FORMAGGIO WINE BAR*

## **LAUGHING GRAVY INC.**

*dba FORMAGGIO GRILL*

## **MATTERS OF TASTE INC.**

Dear Applicant:

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 and service for our guests.

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 expect.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service – the unique and powerful sort of personal attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ TEAM player.

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

# 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  Walk-in  Relative  
 Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

## Applicant Information

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?  Yes  No

Describe \_\_\_\_\_

Are you at least 21 years old?  Yes  No

If you are under 18 years of age, can you furnish a work permit?  Yes  No

If the job you are applying for requires driving: Driver's License # \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No

(Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime?  Yes  No

If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran?  Yes  No Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

## Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work: \_\_\_\_\_

Are you willing to work:  Breakfast  Lunch  Dinner  Weekends  Holidays

Are you currently employed?  Yes  No If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before?  Yes  No

If yes, name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position?  Yes  No

If yes, please describe: \_\_\_\_\_

Please refer to the job description for the position for which you are applying.

Are you able to perform all the tasks with or without reasonable accommodation?  Yes  No

Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_

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## Education

(Circle highest level achieved.)

Elementary								Secondary				College								
1	2	3	4	5	6	7	8	9	10	11	12	G.E.D.	1	2	3	4	5	6	7	8
School:								School:				School:								
Location:								Location:				Location:								
School:								Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No				Degree/Major:								
Location:								Program:				Minor:								

## Work History

(Please begin with most recent.)

<b>1. Company:</b>			
Address:		Phone: (    )    -	
City:	State:	ZIP:	(Include area code)
Dates of employment:	Beginning:	/    /	Ending:    /    /
Salary:	Beginning: \$	/ hr / wk / yr	Ending: \$    / hr / wk / yr
Job title:			
Supervisor's name and title:			
Describe duties briefly:			
Specific reason for leaving:			
<b>2. Company:</b>			
Address:		Phone: (    )    -	
City:	State:	ZIP:	(Include area code)
Dates of employment:	Beginning:	/    /	Ending:    /    /
Salary:	Beginning: \$	/ hr / wk / yr	Ending: \$    / hr / wk / yr
Job title:			
Supervisor's name and title:			
Describe duties briefly:			
Specific reason for leaving:			
<b>3. Company:</b>			
Address:		Phone: (    )    -	
City:	State:	ZIP:	(Include area code)
Dates of employment:	Beginning:	/    /	Ending:    /    /
Salary:	Beginning: \$	/ hr / wk / yr	Ending: \$    / hr / wk / yr
Job title:			
Supervisor's name and title:			
Describe duties briefly:			
Specific reason for leaving:			

<b>4. Company:</b>			
Address:		Phone: (    )    -	
City:	State:	ZIP:	(Include area code)
Dates of employment:	Beginning:	/ /	Ending: / /
Salary:	Beginning: \$	/ hr / wk / yr	Ending: \$ / hr / wk / yr
Job title:			
Supervisor's name and title:			
Describe duties briefly:			
Specific reason for leaving:			
<b>5. Company:</b>			
Address:		Phone: (    )    -	
City:	State:	ZIP:	(Include area code)
Dates of employment:	Beginning:	/ /	Ending: / /
Salary:	Beginning: \$	/ hr / wk / yr	Ending: \$ / hr / wk / yr
Job title:			
Supervisor's name and title:			
Describe duties briefly:			
Specific reason for leaving:			

**Regarding your references:**

Was your name different while you were in school or working for any of the above organizations?

Yes    No

If yes, give previous name and school/organization(s) \_\_\_\_\_

**May we contact the employers listed above?**  Yes    No

If not, list the employers you do not wish us to contact and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 for 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 this company 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 company 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. During 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 the company 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. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check box to certify that this is your electronic signature.

Name (please print): \_\_\_\_\_