



SUSHI BAR & ASIAN GRILL

AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

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

PLEASE PRINT

Date: _____
Month Day Year

Name: _____ Social Security No. _____
First Middle Last

Address: _____
Street City State Zip Code

Home Phone: () Cell Phone: ()

Emergency Contact Name: _____ Relationship: _____ Number: _____

Age (If Under 21): _____ Birth Date (If Under 21): _____ E-Mail: _____
Month Date Year

Are you legally able to work in the United States? Yes No

Proof of identity and legal authority to work in the U.S. is a condition of employment.

Have you ever been convicted of a felony which has not been annulled or sealed by a court? Yes No

If yes, please explain below. *Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.*

For what position(s) are you applying? *(Specific or multiple positions must be checked for this application to be considered.)*

Back of the House: Line Cook Prep Cook Kitchen Help Dishwasher Kitchen Supervisor/ Sous-Chef

Front of the House: Bartender Barback Busser Food Runner Host Server Shift Lead/Supervisor

Management: *(Additional Resumes/CVs Required)*: Assistant Manager Kitchen Manager/Chef General Manager

Expected Starting Hourly Rate: _____ Expected Weekly Earnings: _____

Work Schedule Availability

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
IN							
OUT							

Are you willing to work a split shift? Yes No Are you willing to stay late if you are needed? Yes No

How many hours per week do you expect to work? _____ Date available for employment? _____

About Yourself (List anything you would like us to know about yourself)

Education (Please fill in any or all academic accomplishments)

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Work Experience (List most recent three employers)

Previous Employer	Phone Number ()	Start Date	Name of Supervisor	Title
Street Address		End Date	Your Position	
City	State	Zip Code	Salary	Reason for leaving

May we contact the employer listed above prior to any offer of employment? Yes No

Previous Employer	Phone Number ()	Start Date	Name of Supervisor	Title
Street Address		End Date	Your Position	
City	State	Zip Code	Salary	Reason for leaving

May we contact the employer listed above prior to any offer of employment? Yes No

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I UNDERSTAND THAT SAPA LLC, d/b/a SAPA HAS IN PLACE A DISPUTE RESOLUTION PROCEDURE, AND I FURTHER ACKNOWLEDGE AND AGREE THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT, ANY DISPUTE BETWEEN ME AND SAPA LLC, d/b/a SAPA RELATING TO MY EMPLOYMENT AND/OR MY SEPARATION FROM EMPLOYMENT, SHALL BE SUBMITTED WITHIN ONE (1) YEAR OF THE DAY WHICH I LEARNED OF THE EVENT AND SHALL BE RESOLVED PURSUANT TO THE TERMS AND CONDITION OF THE DISPUTE RESOLUTION PROCEDURE.

NOTICE TO ALL APPLICANTS: You are hereby notified that you must complete and sign your Employee Handbook that will detail the rules and regulations of SAPA LLC. Not reading and signing the Employee Handbook may inevitably delay your application process and may also cause your application to be revoked. All policies are subject to change, and this notice may not hold the current information. Please inquire if this is a current application.

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 OF SAPA . 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 OF SAPA 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.

IT IS THE POLICY OF SAPA TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

SIGNATURE OF APPLICANT: _____ DATE: _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 90 DAYS FROM THE DATE RECEIVED.