

Cucina Italiana

Employment Application

Kingwood Location

Date: _____

Name: _____ Phone: (_____) _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Social Security Number: _____

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

Have you ever been convicted of or plead guilty or nolo contendere (no contest) to a criminal offense? Yes No

If yes, explain the date, location, nature and facts surrounding each conviction: _____

_____ *A conviction will not necessarily prohibit you from being employed.*

In Case of Emergency Notify...Name: _____ Phone: (_____) _____

Address: _____ City/State/Zip: _____

Have you worked at any Roma's before? Yes No

If yes, give dates, location: _____

Desired Position(s): _____ Full Time Part Time

Days: _____ Hours: _____

Note: All employees must work one weekend night.

Prior Work Experience (list most recent employment first)

1. Employer: _____ Address: _____

Position (duties): _____ Phone: (_____) _____

Immediate Supervisor: _____ Can we contact? Yes No

Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____

Reason for Leaving: _____

2. Employer: _____ Address: _____

Position (duties): _____ Phone: (_____) _____

Immediate Supervisor: _____ Can we contact? Yes No

Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____

Reason for Leaving: _____

3. Employer: _____ Address: _____

Position (duties): _____ Phone: (_____) _____

Immediate Supervisor: _____ Can we contact? Yes No

Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____

Reason for Leaving: _____

List Special Skills/Education/Training: _____

Personal References (not relatives or former employers)

1. Name: _____ Relationship: _____ Phone: (____) _____

2. Name: _____ Relationship: _____ Phone: (____) _____

Please review the duties of this position as outlined in the job posting/description. Are you able to perform these functions?
 Yes No If no, identify the duties you cannot or may not be able to perform. Would you be able to perform any of the functions if an accommodation were made? Please explain:

If you are employed as a delivery driver by Café Roma, Inc. or any of its subsidiaries then you are required to maintain personal Auto Liability insurance at the mandatory state liability limits for the state in which you will be driving. You shall also be solely responsible for maintaining at your cost, such comprehensive and auto collision coverage as you deem necessary to cover your vehicle. Café Roma, Inc. is not responsible for, and you assume all risk of any loss, theft, vandalism or property damage to your vehicle and contents while being used in connection with your employment with Café Roma, Inc. You will be required to provide Café Roma, Inc. with a valid copy of your current driver's license and insurance card (listing you as an insured driver) and proof of payment of due premium when you are hired and again upon each renewal. We reserve the right, and you authorize Café Roma, inc. or its agents, to contact your insurance agent and/or carrier either verbally or in writing, or both, to confirm the type and amount of your coverage and the date through which premiums have been paid. In addition, your Motor Vehicle Report (MVR) will be checked to verify your driving eligibility and this services as our authorization to do so. You will be required to provide a copy of your current driver's license to run an MVR Report. The information will not be used for any improper purpose. The Age Discrimination Act in Employment Act of 1967 prohibits discrimination on the basis of age.

Insurance Company Name: _____ Policy Exp. Date: _____

Driver's License Number: _____ State: _____ Date Issued: _____

Have you had at least six months driving experience in the United States? Yes No

Have you ever been convicted of a crime involving a motor vehicle, including vehicular homicide or assault? Yes No

In the last 5 years, have you ever received a violation for DUI or open container/chemical test failure/possession of a controlled substance? Yes No

If yes, explain: _____

Has your drivers license ever been suspended or revoked? Yes No

If yes, explain: _____

Vehicles which will be used on the job:

1. Make: _____ Model: _____ Year: _____ License#: _____ State: _____

2. Make: _____ Model: _____ Year: _____ License#: _____ State: _____

FOR MANAGEMENT USE ONLY: MVR's must be obtained for all delivery driver applicants prior to making a job offer.

Date MVR requested: ____/____/____ Requested by: _____ Date Rec'd: ____/____/____

Eligible Non Eligible (per guidelines)

Certification: Café Roma, Inc. and its subsidiaries are Equal Opportunity Employers. Any person applying for position with Café Roma, Inc. or its subsidiaries will be considered for the position for which they have applied without regard to race, religion, sex, age, national origin or disability.

I certify that all statements made in this application are true and complete and authorize Café Roma, Inc. to investigate all statements made from all prior employers, references and law enforcement agencies. I hereby release all those person, employers, references, agencies and Café Roma, Inc. from any and all liability arising from their giving or receiving information about my employment history, qualifications or criminal record.

I understand that any false answers or statements or misrepresentations by omission made by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in Café Roma, Inc. statement of personnel policies or in my communications with any employee or official is intended to create an employment contract between Café Roma, Inc. and me, and that my employment with the company is entered into unilaterally, that I may resign at any time. Similarly, my employment may be terminated with or without cause at any time without prior notice.

I hereby acknowledge that I have read and understand the preceding statement.

Signature: _____

Signature of this document allows Café Roma, Inc.
to deduct from your paycheck.

Signature: _____

Date: _____

Employee Agreement

I _____, an employee of Café Roma, Inc. doing business as Cucina Italiana, and understand that as an employee, I will be responsible for any and all shortages (as described in a subsequent paragraph) that occur during my shift.

Shortages that this agreement pertains to are as follows: Cash shortages, Food shortages, Merchandise shortages, Coupon shortages, any mistakes taken over the phone shall be at menu price, any food made incorrect or burned shall be at menu price. Each employee will have a deduction of a half hour of pay each shift, in lieu of food.

I further understand that any such shortages will be deducted from my salary, Shortages from cash drawer can only be taken from my pay if I was the sole employee who had access to the cash drawer.

I understand that if my shift has a continual shortage, I understand that this can be grounds for my termination.

Employee Signature _____

Date: _____

Manager Signature _____

Date: _____