

FARM TABLE RESTAURANT® LLC

Application For Employment^{12/16}

FARM TABLE RESTAURANT® LLC IS COMMITTED TO A POLICY OF NONDISCRIMINATION AND EQUAL OPPORTUNITY FOR ALL EMPLOYEES AND QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, DISABILITY, SEXUAL ORIENTATION, PROTECTED GENETIC INFORMATION, OR ANY OTHER CATEGORY PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAW.

INSTRUCTIONS:

PLEASE NOTE THAT RESUMES MUST BE ACCOMPANIED BY A COMPLETED APPLICATION. RESUMES SUBMITTED WITHOUT A COMPLETED FARM TABLE RESTAURANT® APPLICATION WILL BE CONSIDERED WITHDRAWN. ANSWER ALL QUESTIONS ACCURATELY, COMPLETELY AND LEGIBLY. USE "N/A" IN ANY SPACE THAT DOES NOT APPLY TO YOU. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING UNREQUESTED INFORMATION MAY BE CONSIDERED WITHDRAWN.

PERSONAL INFORMATION

Position applied for: _____

Last Name: _____ First Name: _____ MI: _____

Current Address: _____ City: _____

State: _____ Zip Code: _____ How long have you lived there? _____

Primary Phone: (____) _____ — _____ Secondary Phone: (____) _____ — _____

Are you 18 years of age or older? Yes No Are you 21 years of age or older? Yes No

Do you have unrestricted legal authorization to work Yes No in the United States?

By law, proof of work authorization will be required of all applicants within 72 hours of commencement of employment.

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

PERSONAL REFERENCES

Please list the names of three persons, not related to you, whom you have known for at least one year. Do not list relatives.

NAME	PHONE	OCCUPATION	YRS KNOWN

Release for contacting references & past employers: I hereby authorize Farm Table Restaurant® LLC to contact any of the above references and past employers. I further authorize such references to release any information concerning me as they deem appropriate, including, but not limited to rehire status. I release and forever discharge Farm Table Restaurant® LLC and its affiliated companies, successors, assigns, former or current shareholders, officers, directors, employees, agents, attorneys and representatives, and the above-named references, their agents and employees, from any and all liability, suits or causes of action arising in any manner from Farm Table Restaurant® LLC contacting such references. **I understand that this release prevents me from instituting any claim, lawsuit or other legal action based on any information any reference provides Farm Table Restaurant® LLC.**

Signature to accept release for contacting references as stated above: _____ Date: _____

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EMPLOYMENT STATUS

Are you currently employed? Yes No

Have you ever been discharged or requested to resign from a position? Yes No

If "yes", explain: _____

May we contact your present employer? Yes No

If "no", explain: _____

EMPLOYMENT HISTORY

This section MUST be completed, even if attaching a resume. Failure to complete this Employment History in full or writing "see resume" or any other instruction will result in application being considered as withdrawn.

List last six employers with the most recent employer first. You may include military service, temporary employment and any verifiable work performed on a volunteer basis (please omit organizational names that would indicate race, color, religion, sex or national origin).

EMPLOYER NAME & ADDRESS	PHONE	POSITION HELD	REASON FOR LEAVING	START & END "F CVGU"	
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					

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Professional licenses: _____

Do you have any special computer skills? _____

Do you have any technical skills and training? _____

List other job related skills relevant to the position sought: _____

Do you hold a current TIPS training certification? Yes No

Do you hold a current Serve Safe training certification? Yes No

Have you ever applied for a position with the Farm Table Restaurant? Yes No

If yes, when? _____

Are you now, or have you previously been, employed by a candle making company? Yes No

If yes, which candle maker: _____ When? _____

In which job(s) were you employed? _____

Are you applying for: Full Time Part Time Year Round Seasonal

If less than full time, total number of hours available per week: _____

Please indicate hours, shifts, or days you ***CANNOT*** work: _____

When are you available to start working? _____

Do you have, or are you contemplating plans which will necessitate you leaving for any period of time (returning to school, job training for another position)? Yes No

EDUCATION

LEVEL	NAME OF SCHOOL	CITY & STATE	# YRS COMPLETED	COURSE OF STUDY OR MAJOR	HONORS RECEIVED
HIGH SCHOOL					
TRADE/ TECHNICAL SCHOOL					
COLLEGE					
GRAD SCHOOL					
PROFESSIONAL COURSES					

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AGREEMENT

The following section contains important information regarding your legal rights and contains important certifications and releases of liability. Please read it carefully before signing.

I understand that if I am offered employment with Farm Table Restaurant® LLC, prior to or at the time that I start work, I will be required to present original documents establishing my identity and my eligibility to work in the United States.

Upon termination, I authorize Farm Table Restaurant® LLC to provide information to my prospective employers regarding my employment history and performance and hereby release Farm Table Restaurant® LLC and any person employed by it or associated with it from all liability in connection with the provision of such information.

Unless applicable state or local law provides otherwise, I understand that, if hired, I shall be employed “at will” and that nothing contained in Farm Table Restaurant®’s application, personnel policies or other written documents, no any oral statements made to me by Farm Table Restaurant® LLC representatives in connection with my application for employment or at any other time, shall constitute an express or implied employment contract. Unless applicable state or local law provides otherwise, I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time with or without notice or cause.

Massachusetts General Laws c.151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information;(2) requesting genetic information concerning employees, applicants, or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual’s employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I acknowledge that any offer of employment is conditioned upon my passing a medical examination, the sole purpose of which is to determine whether, with or without reasonable accommodation, I am capable of performing the essential functions of the job for which I am hired. I also understand that said examination will include a screening for controlled substances.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified, omitted, or misrepresented statements on this application may constitute grounds for dismissal.

By signing below, I acknowledge that I have read, understood and voluntarily agree to the above.

Signature: _____ Date: _____