

JOB APPLICATION

Cafe on the Grove, LLC

2160 Plum Grove Rd, Rolling Meadows, Illinois 60008

847-306-9095 info.cafeonthegrove@gmail.com

Cafe On The Grove, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: Waitress, Bartender, Cook, Dishwasher, Bus Boy

How did you hear about this position? _____

What days are you available for work? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Personal Information

Do you have any friends, relatives, or acquaintances working for Cafe on the Grove, LLC Yes No
If yes, state name & relationship: _____

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: Cafe on the Grove, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Previous Employment

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

References

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

Emergency Contact

Full Name:

Relationship to Applicant:

City and State:

Telephone Number:

Email Address:

AT-WILL EMPLOYMENT

The relationship between you and the Cafe on the Grove, LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Cafe on the Grove, LLC. No representative of Cafe on the Grove, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant
Signature: _____

Dated: _____