



**MIKE ISABELLA
CONCEPTS**

EMPLOYMENT APPLICATION

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name:	
Street Address:	
City/State/Zip:	
Telephone:	
Email:	Today's Date:

Location (check):

- | | | |
|----------------------------------|--------------------------|------------------------|
| G BY MIKE ISABELLA (DC) | KAPNOS (DC) | YONA (BALLSTON) |
| KAPNOS TAVERNA (BALLSTON) | PEPITA (BALLSTON) | |
| KAPNOS KOUZINA (BETHESDA) | REQUIN (MOSAIC) | |

Position (check):

- | | | | | |
|-------------|-----------|-----------|-----------|-------------|
| FOH: | HOST | SERVER | BARTENDER | FOOD RUNNER |
| | BUSSER | BARBACK | BARISTA | |
| BOH: | SOUS CHEF | LINE COOK | PREP COOK | DISH |
| | UTILITY | | | |

check one: Full-time Part-time

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

How did you hear about us?

Are there any scheduling conflicts including classes, vacation, etc that we should know?

When can you start? _____ Desired Wage \$ _____

Are you legally authorized to work in the United States on an unrestricted basis?		
Check:	Yes	No
Proof of citizenship is required for employment		

Are you at least 18 years of age?			Are you at least 21 years of age?		
Check:	Yes	No	Check:	Yes	No

Job Experience:	Employer	Employer	Employer
	Position	Position	Position
	Telephone	Telephone	Telephone
	Can we call?	Can we call?	Can we call?
	Employment Dates:	Employment Dates:	Employment Dates:
	Wage	Wage	Wage
Professional References	Name	Name	Name
	Position	Position	Position
	Telephone	Telephone	Telephone
	Email	Email	Email

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior employment history and references. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than then the managing owners have the authority to alter the foregoing.

Signature:

Date: