

Employment Application



 $\label{lem:complete} \begin{tabular}{ll} Complete This Form, photograph it, and Email To: $$ $ cara@lombardiscatering.com $$ $ $ cara@lombardiscatering.com $$ $ cara@lombardiscatering.com$

A DDI IC	A NITE IN	EODMA	TION	. IT IC IM		II AT VOI	1.00	MDI E	PP AI	T D / I	OTC O	r mur	ADDI IC	ATION	IE VOL	<i>I</i> D
	ATION IS	S INCOM			PORTANT T											
First Name						Last					N	И.І.	Date			
Street Address								A	Apartmen	ıt/Unit #						
City				State								Z	ZIP			
Phone				E-mail	-mail Address											
Position Applied for				Desired Sa		Referred By										
Are you	able to po	erform the	e essen	tial functi	ons of the job	for which	h you	u are ap	plying	g? Yl	ES [No	O 🗌			
Do you have a driver's license?				YES	NO 🗌		Are yo	ou at le	east 18	8 year	old?	YES [NO			
Have you ever worked for this company?				YES	NO 🗌		If so, when?									
JOB TYPE DESIRED																
I have no preference Pull-Time Date Available Date Available																
EDUCA	TION															
High Sch	nool				Address	ddress										
From		То		Did you	graduate?	YES		NO [Degr	ree					
College						Address										
From		То		Did you graduate?		YES []	NO Degree		ree						
REFERI	ENCES:	PLEAS	SE LIST	T 3 PROF	ESSIONAL R	EFEREN	CES	NOT R	ELATI	ED TO	O YOU	J				
Full Name				Relationship												
Company				Phone												
Address																
Full Name			Relationship													
Company		Phone														
Address																
Full Name									Relationship							
Company				Phone												
Address																
PREVIO	US EMP	LOYMEN	T: M	AY WE CO	NTACT YOUR	R CURREN	T/PI	REVIOU	S EMF	PLOYE	ERS? _		YES	NO _		-
Company					Phone											
Address					Supervisor											
Responsi	ibilities															

From	To	Reason for Leaving								
Company			Phone							
Address			Supervisor							
Responsibilities										
From	То	Reason for Leaving								
MILITARY SER	VICE:									
Branch				From	То					
	ND SIGNATURE: WE ARE AN EQ facts contained in this application									
I authorize the in and other organizmaking a hiring of This waiver does Disabilities Act (I understand that employment, if I that if I am emplotice, at the opt company unless In compliance we complete the required Lombardi's BBC "Fair Chance" la	exestigation of any or all statement attions to provide information condecision. I release such persons as not permit the release or use of (ADA) and other relevant federal nothing contained in the applications in the intended to create an employed, my employment is for no dion of either myself or the Comparade in writing and signed by most ith federal law, all persons hired white the consider qualified applicant.	ats contained in the contained and state laws." It is not conveyed a contained in the contract of the contained and the Company and that not be and the Company in the contained in the containe	this application evious employs from any leg lor medical interest between meninable period promises or reany's designate to verify identing form upon h	n and also authorized ment and other relevant and other relevant in a manufacture of the company and the Company and may be termined representations control of representative.	e any person, school, curvant information that many such statements. In addition, I understant ated at any time, with carry to the foregoing are interest (initial) o work in the United Stantial)	arrent employer hay be useful in americans with my had and agree or without prior be binding on the ates and to				
Signature				Date						
Hired By	USE ONLY Start Date N Work Permit Need	Refer		of Pay		FT				
uAttend Log	in (catering only)					_				