

Welcome! Thank you for your interest in joining the team at the Crow's Nest Restaurant! We have been providing a memorable dining experience to locals and visitors for over 50 years. We are family-owned and very proud of Crow's Nest, our reputation, and the satisfaction of our guests.

Employees of Crow's Nest are team-oriented kind people who appreciate the customer's viewpoint, and take pride in their appearance, punctuality and reliability. We have fun at work, while maintaining a level of professionalism that keeps our customers coming back.

If this sounds like a good fit for you, please fill out the following application. Scheduled open interview times when you may apply are Monday-Saturday from 10:00-10:30am, and also from 3:00-3:30pm. Other times may be available for your convenience; please ask for the manager on duty. - Thank you!

Dining Room Personnel Manager: Sara Aluffi Executive Chef: Jeff Westbrook

Employment Application



Last name	First name	Middle initial	Today's Date
			____ / ____ / ____
Cell phone ()		email address (optional)	
Street address		City	State Zip code
Position(s) desired	Have you applied here before? (circle) yes no	What would be the "perfect" schedule for you?	
Name(s) of people you know who work for Crow's Nest:			
Will you have another job while working for Crow's Nest? (circle) yes no		If your plans include school, where will you attend?	
Can you submit proof of legal U.S. identity? (circle) yes no	Are you 18 years of age or older? (circle) yes no	Date of Birth:	
In case of emergency, please notify: (name)		Relationship	Telephone ()
What does customer service mean to you?			



Training / Education / Skills / Interests

High school name:	Location:	Graduated? (circle) yes no	
College/Trade School name:	Location:	Circle last year completed: 1 2 3 4	Graduated? Degree earned: (circle) yes no
Do you have current ABC Responsible Beverage Service (RBS) certification? (circle) yes no (RBS required for all alcohol server trainees)		Do you have current CA Food Handler's certification? (circle) yes no (CA FHC required before orientation)	
RBS registration https://abcbiz.abc.ca.gov/landing		Food Handler's Course: www.tapseries.com	
List other relevant skills, languages spoken, hobbies or special interests:			

Employment Record (list most recent first)

Company		Length of service:	
		from:	to:
Street address	City	State	Zip code
Supervisor's name	Supervisor's title	Telephone ()	
Type of work at start	Type of work upon leaving	Reason for leaving	
May we contact this employer? (circle) yes no			

Company		Length of service:	
		from:	to:
Street address	City	State	Zip code
Supervisor's name	Supervisor's title	Telephone ()	
Type of work at start	Type of work upon leaving	Reason for leaving	

Company		Length of service:	
		from:	to:
Street address	City	State	Zip code
Supervisor's name	Supervisor's title	Telephone ()	
Type of work at start	Type of work upon leaving	Reason for leaving	

References

List below two or three references (not a relative or former employer) whom you have known for at least five years:

Name	Address	Occupation	Telephone ()
Name	Address	Occupation	Telephone ()
Name	Address	Occupation	Telephone ()

Please read the following carefully. Your signature is required, and acknowledges you have read, understood and agreed to the information.

I affirm that the information contained in this application is true, complete and accurate. I understand that misrepresentation or material omission of the facts called for herein or receipt of unsatisfactory references may result in disqualification from employment, or, if I am hired, my dismissal from employment.

I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other person or website which the company may contact, to give any and all information regarding my employment, a background check, or any other information, personal or otherwise, that may or may not be on their records. I fully release all persons and entities from any and all liability or potential claims resulting from the disclosure, use or dissemination of any such information whether it is favorable or unfavorable.

I understand that I may be required to submit to drug and alcohol screening tests to determine compliance with the company's policy to provide a drug-free workplace. I understand that cooperation in submitting to such a test is a condition of employment, and failure to cooperate will be grounds for termination.

I also understand that any job that I am offered will not be for any set period of time. My employment may be terminated at any time of my own free will or the will of my employer, either with or without cause or advance notice. I further understand that this policy cannot be changed except in writing and then only when signed by me and the company owner and then only where it specifically addresses my "at will" status. I agree that this "at will" condition will be a part of any employment relationship and that this provision is merged into any agreement regarding my employment.

Applicant Signature: _____

Your Availability

Please mark an X in the spaces you are NOT available to work (see example in gray)

One very important eligibility requirement is your availability to work the shifts that we need covered. Please indicate on this sheet any outside obligations that would affect your availability. Keep in mind that we are open 7 days a week for breakfast, lunch and dinner. Please include school obligations, other jobs, clubs, etc. * note: If you are hired and then your availability changes, this may cause your continued employment here to be re-evaluated.

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	example
7:00 am								X
8:00 am								X
9:00 am								X
10:00 am								X
11:00 am								X
12:00 pm								
1:00 pm								
2:00 pm								
3:00 pm								
4:00 pm								
5:00 pm								
6:00 pm								
7:00 pm								
8:00 pm								
9:00 pm								

While employment relationships are terminable at-will, is it your plan that you will stay at least 6 months? ____ yes ____ no



