

# SPIN CAFE

**PIANO PIANO, INC.**  
220 N. MAIN STREET, HEBER CITY, UTAH  
(435) 654-0251

## Application for Employment

**PLEASE PRINT USING BALLPOINT PEN**

DATE OF APPLICATION: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

AVAILABLE TO WORK: \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner  
\_\_\_\_\_ Part-time \_\_\_\_\_ Full-time

### PERSONAL

FULL NAME: \_\_\_\_\_  
(First) (Middle) (Last)

PRESENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR WITH JITTERBUG GAS & VARIETY? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOW WERE YOU REFERRED:  
\_\_\_\_\_

### GENERAL INFORMATION

ARE YOU 16 OR OLDER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Information to be used only for compliance with state and federal child labor laws.

ARE YOU 21 OR OLDER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Information to be used only for compliance with state and federal alcoholic beverage laws.

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? \_\_\_\_\_ YES \_\_\_\_\_ NO

Note: this will not necessarily disqualify you.

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

WAGE EXPECTED: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

**EMPLOYMENT HISTORY**

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (1) AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

<b>1</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS		TO				
			MO.	YR.			
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
<b>2</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS		TO				
			MO.	YR.			
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	

<b>3</b>	<b>EMPLOYER</b>	FROM	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
		MO. YR.	\$				
		NAME OF COMPANY		TO		ENDING SALARY	DESCRIBE YOUR JOB DUTIES
		MO. YR.	\$				
		ADDRESS		CITY, STATE, ZIP		TYPE OF BUSINESS	
PHONE NO.							
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO		
<b>4</b>	<b>EMPLOYER</b>	FROM	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
		MO. YR.	\$				
		NAME OF COMPANY		TO		ENDING SALARY	DESCRIBE YOUR JOB DUTIES
		MO. YR.	\$				
		ADDRESS		CITY, STATE, ZIP		TYPE OF BUSINESS	
PHONE NO.							
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO		

### **EDUCATION**

EDUCATION TYPE OF SCHOOL	NAME AND CITY/STATE OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR COMPLETED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
GRADUATE SCHOOL			1 2 3 4	[ ] YES [ ] NO	

**MILITARY EXPERIENCE**

PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

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**PERSONAL OR BUSINESS REFERENCES**

<b>1</b>	NAME	OCCUPATION BUSINESS PHONE ( )
	HOME ADDRESS HOME PHONE ( )	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
<b>2</b>	NAME	OCCUPATION BUSINESS PHONE ( )
	HOME ADDRESS HOME PHONE ( )	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

**NOTIFICATION AND AGREEMENT**

**PLEASE READ BEFORE SIGNING**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me. If I am offered a job, I authorize you to conduct a criminal background check on me.

If hired, I agree to abide by all of the company rules, regulations and procedures. I understand that this is a condition of employment. I understand that, if employed, **my employment may be terminated with or without cause, and with or without notice, at any time**, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by an officer of Piano Piano, Inc., or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YOU MAY USE THIS AREA FOR ADDITIONAL INFORMATION ABOUT YOURSELF WHICH YOU WOULD LIKE TO INCLUDE:**