



EMPLOYMENT APPLICATION

- LGO GROCERY
- BUCK & RIDER
- CHELSEA'S KITCHEN
- GRATEFUL SPOON
- INGO'S TASTY FOOD
- CORPORATE OFFICE

AN EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLYING FOR _____

PERSONAL INFORMATION (PLEASE PRINT)

DATE _____ NAME _____
FIRST MI LAST

MAILING ADDRESS _____
STREET APARTMENT #
CITY STATE ZIP

PHONE () _____ EMAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU PREVIOUSLY APPLIED TO OR WORKED FOR ANY LGO HOSPITALITY RESTAURANTS (SEE ABOVE)?

YES NO IF YES, WHEN AND WHERE? _____

WE MAY REFUSE TO HIRE RELATIVES OF PRESENT EMPLOYEES IF DOING SO COULD RESULT IN ACTUAL OR POTENTIAL PROBLEMS IN SUPERVISION, SECURITY, SAFETY, OR MORALE, OR IF DOING SO COULD CREATE CONFLICTS OF INTEREST.

DO YOU HAVE ANY RELATIVES WORKING FOR LGO HOSPITALITY? YES NO

IF YES, STATE NAME(S) AND RELATIONSHIP(S): _____

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU AT LEAST 18 YEARS OLD? YES NO IF NO, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE

AVAILABILITY

LIST THE DAYS AND TIMES YOU ARE AVAILABLE TO WORK. MUST WORK AT LEAST 3 DAYS PER WEEK.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

WILL THIS CHANGE IN THE NEXT 6 MONTHS? YES NO

TRAINING AND EXPERIENCE

LIST PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER. PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME. ATTACH ADDITIONAL PAGES AS NECESSARY.

➤ _____
NAME OF EMPLOYER

_____ PHONE NUMBER

_____ TYPE OF BUSINESS

_____ NAME OF SUPERVISOR

_____ ADDRESS

_____ CITY STATE ZIP

DATES EMPLOYED _____
FROM TO

_____ YOUR POSITION AND DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

➤ _____
NAME OF EMPLOYER

_____ PHONE NUMBER

_____ TYPE OF BUSINESS

_____ NAME OF SUPERVISOR

_____ ADDRESS

_____ CITY STATE ZIP

DATES EMPLOYED _____
FROM TO

_____ YOUR POSITION AND DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

➤ _____
NAME OF EMPLOYER

_____ PHONE NUMBER

_____ TYPE OF BUSINESS

_____ NAME OF SUPERVISOR

_____ ADDRESS

_____ CITY STATE ZIP

DATES EMPLOYED _____
FROM TO

_____ YOUR POSITION AND DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

EDUCATION

HIGH SCHOOL

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DID YOU GRADUATE? YES NO YEARS COMPLETED _____

COLLEGE/
VOCATIONAL

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DID YOU GRADUATE? YES NO YEARS COMPLETED _____

DEGREE / DIPLOMA / CERTIFICATE _____

PLEASE READ BELOW CAREFULLY AND INITIAL EACH PARAGRAPH

I HEREBY CERTIFY THAT:

_____ I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

_____ I AUTHORIZE LGO HOSPITALITY (COMPANY) TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION, AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT UNLESS OTHERWISE SPECIFIED ABOVE. I AUTHORIZE THE REFERENCES THAT I HAVE LISTED TO DISCLOSE TO THE COMPANY ANY AND ALL LETTERS, REPORTS, AND OTHER INFORMATION RELATED TO MY WORK RECORDS WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE THE COMPANY, MY FORMER EMPLOYERS, AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS, AND ASSOCIATIONS, FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITIES ARISING OUT OF OR IN A WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

_____ I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY'S DESIGNATED REPRESENTATIVE.

_____ IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

_____ APPLICANT'S SIGNATURE

_____ DATE