

FLYING FISH, RUSTICO & THE DINING ROOM RESTAURANTS

EMPLOYMENT APPLICATION

PERSONAL

| | | | | | |
|---|---------------------|-------------------|---------------|-------|-----------------------------------|
| Last Name: | First Name: | MI: | | | |
| Present Address: | | | | | |
| Home Phone: | Mobile Number: | Email: | | | |
| Date of Birth: | Social Insurance #: | | | | |
| If hired can you provide proof that you are legally able to work in Bermuda | | | | | |
| Yes No | | | | | |
| How were you referred to us? | | | | | |
| Advertisement | Employee | Employment Agency | Walk-in | Other | |
| Do you have a Criminal Record?: | | | Yes | No | (If yes, give details on reverse) |
| List any relatives or friends employed by the Company: | | | Relationship: | | |

EMPLOYMENT

| |
|--|
| Position Desired: |
| What days and hours are you available for work? |
| Are you available for overtime? Yes No |
| Are you over 18 years of age? Yes No |
| When are you available to begin work? |

SKILLS

What specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

EDUCATION

| Type of School | Name & Location of School | # of years to completed | Graduated | | Degree(s) or Diplomas(s) | Major Field(s) of Study |
|-------------------------------|---------------------------|-------------------------|-----------|----|--------------------------|-------------------------|
| | | | Yes | No | | |
| High School or Trade School | | | | | | |
| Business or Tech. School | | | | | | |
| Jr. College and/or University | | | | | | |
| Other Training (Explain) | | | | | | |

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

POSITIONS HELD

| | | |
|---|---|---|
| Company Name: | Dates Employed: From: _____ To: _____ | Starting Salary _____ Ending _____ Salary _____ |
| Street Address: | Job Title: | Hours Worked From: _____ To: _____ |
| City, State, Zip Code: | Specific Job Duties: 1. _____ 2. _____ 3. _____ | |
| Telephone: | | |
| Supervisor: | | |
| Is this your current employer? Yes No | Reason for leaving: | |
| May we contact this employer? Yes No | What is the most important skill demonstrated on the job? | |

POSITIONS HELD (cont.)

| | | |
|---|--|---|
| Company Name: | Dates Employed: From: To: | Starting Salary Salary Ending |
| Street Address: | Job Title: | Hours Worked From: To: |
| City, State, Zip Code: | Specific Job Duties: | |
| Telephone: | 1. | |
| Supervisor: | 2. | |
| Is this your current employer? Yes No | 3. | |
| May we contact this employer? Yes No | Reason for leaving: | |
| | What is the most important skill(s) demonstrated on the job? | |

| | | |
|---|---|---|
| Company Name: | Dates Employed: From: To: | Starting Salary Salary Ending |
| Street Address: | Job Title: | Hours Worked From: To: |
| City, State, Zip Code: | Specific Job Duties: | |
| Telephone: | 1. | |
| Supervisor: | 2. | |
| Is this your current employer? Yes No | 3. | |
| May we contact this employer? Yes No | Reason for leaving: | |
| | What is the most important skill demonstrated on the job? | |

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

| Name: | Address: | Phone No. |
|-------|----------|-----------|
| | | |
| | | |

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. ____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
2. ____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. ____ I understand that the Company is committed to maintaining a drug and alcohol free work place. If I attend work while intoxicated or otherwise suffering from the effects of drus or alcohol this may result in a refusal to hire or, if already employed, termination.
4. ____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.

Date

Name

Signature

**APPLICANT AUTHORISATION
FOR REFERENCE & POLICE RECORD CHECK**

I, voluntarily consent to authorise or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment.

I also give my consent for a police criminal records check to be carried out.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with.....

I also hereby release from all liability for damages or claims — including, but not limited to, defamation, interference with contract, and negligence — which may arise or result from any reference information gathered pursuant to this authorization.

Applicant's Signature:

Date: