1160 West Boylston Street Worcester MA 01606
ph. 508-853-0789 fax. 508-853-2879

Back of House Application 2019

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate against any applicant because of race, color, religion, sex, nation of origin, age, disability, sexual orientation, military status, or any other class protected by federal or state law

Today's Date ____/____/_____

I am applying for:

Full time ☐ **Part time** ☐ **Seasonal** ☐

Position You are applying for:
Name (Last, First, Middle)
Address
City State Zip Code
Area Code Phone No.
Email Address
Date of Birth (if under 21)

Employment History

Please begin with most recent. **Working backwards account for your employment history**

Employer's Name, Address, Phone #	From (Mo/Year)	To (Mo/Year)	Position	Supervisor	Reason for Leaving
	/	/			
	/	/			
	/	/			
	/	/			

Education

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D College: 1 2 3 4 5 6 7 8

Name of School: _____ Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? q Yes q No Degree & Major: _____

If yes, identify program and school: _____ Minor: _____

General Information

Have You ever applied to O'Connor's Restaurant before? Y ☐ N ☐

Have you ever been interviewed for a position at O'Connor's before? Y ☐ N ☐

If hired, what date can you start work.?

When are you available to work:

Weekdays Y ☐ N ☐ Weeknights Y ☐ N ☐ Friday and saturday Evenings Y ☐ N ☐ Holidays/Sundays Y ☐ N ☐

If you are unable to work a shift—please explain why.

PERSONAL INFORMATION

Are your Authorized to Work in the U.S.A ? **Y** ☐ **N** ☐
Proof of work authorization, required for I-9 purposes, must be produced by the employee within 72 hours of the start of the employee's employment.

If you are under 18 years of age, can you furnish a work permit?

If hired –do you have reliable transportation to get to work? **Y** **N**
Describe:

Are you ServeSafe certified?

Y ☐ **N** ☐

When does your certification expire?

_____/_____/____

Have you taken the MA Food Allergen Certification Training ?
When does your certification expire?

_____/_____/____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: ____

_____

List any friends or relatives employed by this company: _____

Culinary & Hospitality Insight

Define what Hospitality means to you: _____

_____

_____

Why do you want to work for O'Connor's ? _____

_____

Where do you see yourself 1-5 years from now?

How do you think this job can help you achieve this goal?

Rate yourself: On a scale of 1-10 please rate your proficiency/ability in each of the following skills:

Food Knowledge_____	Team Player _____	Inventory Responsibilities_____
Cooking Stations_____	Problem Solving _____	Ordering Responsibilities_____
Opening Responsibilities _____	Closing Responsibilities_____	Prep Work_____
Ability to work under pressure_____		Stamina_____

Please indicate any other skills you have that may be relevant to the position for which you are applying:

_____

_____

Release for Contacting References

I hereby authorize O'Connor's Restaurant and Bar to contact any of the above references. I further authorize references to release any information concerning me as they deem appropriate. I release and forever discharge O'Connor's Restaurant and Bar, its agents or employees, and the above-mentioned references, their agents or employees, from any and all liability, suits or causes of action arising in any manner from O'Connor's Restaurant and Bar contacting such references. ***I understand that this Release prevents me from instituting any claim, lawsuit or other legal action based on any information any reference provides to O'Connor's Restaurant and Bar.***

Applicant Signature _____ ***Date*** _____

By submitting this application, I certify that all statements given on this application are correct, and realize that falsification of this or another personal record may result in my discharge.

Applicant Signature _____ ***Date*** _____

Emergency Contact (& Relationship): _____ Phone _____