



**ROBERT'S
MAINE GRILL**

APPLICATION FOR EMPLOYMENT

ROBERTS MAINE GRILL IS AN EQUAL OPPORTUNITY EMPLOYER

326 US ROUTE 1
KITTELY, ME 03904
OFFICE 207-439-2733
FAX 207-439-2447

DATE: _____

PERSONAL INFORMATION *Incomplete data could disqualify you from further consideration*

NAME: (LAST NAME FIRST)	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (H) (C)	Are you legally eligible to work in the US? YES NO		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER WORKED FOR ROBERT'S BEFORE?	IF SO, WHEN?	
WHAT MAKES ROBERT'S MAINE GRILL A COMPANY THAT YOU WOULD LIKE TO WORK FOR?		
WHAT DO YOU BELIEVE ROBERT'S MAINE GRILL STANDS FOR, WHAT IS OUR PHILOSOPHY IN REGARDS TO FOOD, GUESTS AND ORGANZIATIONAL CULTURE?		
DESCRIBE YOUR BEST SKILLS AND YOUR BEST PERSONALITY TRAIT THAT WILL HELP YOU IN BEING A SUCCESSFUL EMPLOYEE AT ROBERT'S MAINE GRILL		

AVAILABILITY - Please indicate the days and times you are available to work below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION HISTORY

	NAME OF SCHOOL	# of YEARS ATTENDED	Graduate? Y/N	SUBJECTS STUDIED
HIGH SCHOOL/GED				
OTHER (in relation to the job applying to)				

GENERAL INFORMATION

ACADEMIC HONORS, EXTRACURRICULAR ACTIVITIES IN HS OR COLLEGE
SPECIAL SKILLS/TRAINING
COMPUTER KNOWLEDGE
How did you hear about us? walk in advertisement referral other

WORK HISTORY (most recent first) Incomplete data could disqualify you from further consideration.
Please fill out the most recent 10 years, use additional forms when needed.

DATE MONTH AND YEAR	NAME AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES: Give the names of 3 references not related to you that you have known at least 2 years

NAME	PHONE NUMBER	HOW KNOWN	BUSINESS	YEARS KNOWN

Are you at least 18 years or older? If no, you may be required to provide authorization to work

YES NO

Have you ever been convicted of a Felony?

YES NO

If so, When? _____ Where? _____

For what offense? _____

Note: Not all convictions will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation (this include standing for an extended period of time, bending, lifting up to 50 pounds)?

YES NO

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws."

By signing this form I understand that employment at Robert's Maine Grill ("RMG") is on an "at will" basis and is for no definite period of time and may, regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the primary owner of RMG, no supervisor, manager or other person, irrespective of title or position, has the authority to alter the "at will" status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering your at will employment status must be in writing and signed by the primary owner of Robert's Maine Grill.

SIGNATURE: _____ DATE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED BY: _____ HIRE DATE: _____

AREA: _____ WILL REPORT: _____

SALARY OR WAGE: _____ ORIENTATION DATE: _____