

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
Check all that apply _____ 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 OR FRIENDS PRESENTLY EMPLOYED WITH THE
COMPANY? _____ NO _____ YES WHO? _____

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)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
	NAME OF COMPANY			\$		
	ADDRESS	TO		ENDING SALARY		
		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
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
	NAME OF COMPANY			\$		
	ADDRESS	TO		ENDING SALARY		
		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

3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
		MO.	YR.					
		NAME OF COMPANY						\$
		ADDRESS		TO			ENDING SALARY	
		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		

4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
		MO.	YR.					
		NAME OF COMPANY						\$
		ADDRESS		TO			ENDING SALARY	
		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		

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	NA
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	

ACTIVITIES, HOBBIES & SPORTS

PLEASE LIST ANY NON-JOB-RELATED ACTIVITIES YOU PARTICIPATE IN (OPTIONAL).

MILITARY EXPERIENCE

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

PERSONAL OR BUSINESS REFERENCES

1	NAME	PHONE ()
OCCUPATION		RELATIONSHIP TO YOU
CITY AND STATE (ZIP)		HOW LONG KNOWN
2	NAME	PHONE ()
OCCUPATION		RELATIONSHIP TO YOU
CITY AND STATE (ZIP)		HOW LONG KNOWN

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

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 _____