



# Saba's Mediterranean Kitchen

## Employment Application

**PERSONAL INFORMATION (Please Print)** Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle

Present Address \_\_\_\_\_  
No. & Street City State Zip

Permanent Address \_\_\_\_\_  
No. & Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**GENERAL INFORMATION**

Position/Program applying for \_\_\_\_\_

Have you ever worked for Saba's before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and who was your supervisor? \_\_\_\_\_

Do you have any friends or relatives working for Saba's? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state name(s) and relationship: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

Valid AZ Drivers License? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

What times would you be available to work? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

This position may require extensive and repetitive physical activity e.g., heavy lifting, bending. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## EDUCATION, TRAINING & EXPERIENCE

School	Name and Address (including city, state and zip code)	No. of years completed	Did you graduate ?	Degree/Diploma/Area of Study
<b>High School</b>				
<b>College/Vocational</b>				
<b>Other</b>				

What is the highest-grade level you have completed? \_\_\_\_\_

Do you have (check one):  High School Diploma  GED or equivalent  Neither

If neither, are you interested in completing your high school diploma or GED? ..... Yes \_\_\_ No

Do you speak, write or understand any foreign languages? ..... Yes \_\_\_ No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Saba's? ..... Yes \_\_\_ No

If so, please explain. \_\_\_\_\_

## EMPLOYMENT HISTORY

List all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  

Number
Street
City
State
Zip

Your Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates of Employment:    /   /       /   /    Hourly Wage \_\_\_\_\_ Hours per week \_\_\_\_\_  

From
To

Your Position & Duties: \_\_\_\_\_

May we contact this employer for a reference? ..... Yes \_\_\_ No

2. Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  

Number
Street
City
State
Zip

Your Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates of Employment:    /   /       /   /    Hourly Wage \_\_\_\_\_ Hours per Week \_\_\_\_\_  

From
To

Your Position & Duties: \_\_\_\_\_

May we contact this employer for a reference? ..... Yes \_\_\_ No

3. Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Your Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_ Hourly Wage \_\_\_\_\_ Hours per Week \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

May we contact this employer for a reference? ..... Yes No

**NOTICE TO ALL APPLICANTS**

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.**

\_\_\_\_\_ 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 omissions 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 hereby authorize SABA'S to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have given to disclose to SABA'S any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release SABA'S, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any 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 SABA'S and me. In addition, 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 SABA'S and that no promise or representations contrary to the foregoing are binding on SABA'S.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by SABA'S, I am entitled to copies of any such public records obtained by SABA'S unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such record even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

I certify by my signature below that I have read the foregoing, understand the employment requirements, and agree to cooperate in fulfilling them.

\_\_\_\_\_  
Applicant's Name (Please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*SABA'S is an equal opportunity employer. We consider applicants for all positions without regard to race, religion, gender, marital or veteran status, the presence of a no-job related medical condition or handicap, or any other legally protected status. Qualifications for employment opportunities are based solely upon personal skills, merit and dependability. SABA'S will ensure that both the spirit and the intent of the laws prohibiting discrimination are fully implemented in all our working relationships.*