



a great tip!

Team Member
Employment Application

WORK EXPERIENCE

Please list your previous experience beginning with most recent position.

1. Employer name and address _____

Phone (_____) _____ Ending pay _____ Position _____

Dates of employment: _____ to _____ Supervisor _____

Reason for leaving _____

Eligible for rehire? Yes No

2. Employer name and address _____

Phone (_____) _____ Ending pay _____ Position _____

Dates of employment: _____ to _____ Supervisor _____

Reason for leaving _____

Eligible for rehire? Yes No

IMPORTANT AGREEMENT: PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions applied for without regard to race, color, religion, sex, national origin, age, veteran's status, disability or any legally protected status. I certify that answers given herein are true and complete to the best of my knowledge. In the event of my employment. I understand that false or misleading information given in my application or interview (s) may result in a discharge and that my first three months of employment will be probationary. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I acknowledge and understand that (1) no application, policy, rule, regulation, guideline, manual, position guide, newsletter, poster, procedure or similar writing constitutes a guaranty of employment or a contract of employment with the Company (2) my employment and compensation can be terminated at any time, for any reason or for no reason, by the Company or me, and (3) no Manager or official of the Company (other than the CEO or President in writing) has the authority to enter into any contract or agreement with me for employment for any specified period of time, or to make any contract or agreement contrary to the foregoing. I understand that unless otherwise prohibited by applicable law, I may be required to submit to a physical examination with satisfactory results as a condition of my employment and required to submit to urinalysis or other medical examinations that are job related and consistent with business necessity. By accepting employment, I agree to submit to such examinations or tests required by the Company, all at Company expense, I authorize you to make such investigations and inquiries of my personal, employment to financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability for providing lawful information to inquiries in connection with my application

READ CAREFULLY BEFORE SIGNING

Truffles is an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

Signature of Applicant _____ Date _____

WE OFFER

- Full & Part-Time Positions
- Flexible Hours for School
- Employee Meal Discounts
- Excellent Wages
- Career Advancement Opportunities

**Immediate Interview
with a Manager!**

truffles®

Serving Lunch and Dinner at

Sea Pines Center

671-6136

and in Bluffton at

Belair Towne Village

815-5551

trufflescafe.com

We want to know about YOU!

PERSONAL INFORMATION

Name (last) _____ (first) _____

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____ Wireless carrier _____

E-mail address _____

Desired Pay _____ Date you can start _____

Position applying for _____

Are you legally eligible for employment in the USA? Yes No Are you under 18? Yes No

Highest education level achieved to date _____ University attended _____

Do you have reliable transportation? Yes No Can you go an entire shift with out smoking? Yes No

HISTORY

Have you ever been convicted of a felony? Yes No If yes, list details and dates _____

Have you ever applied or worked for Truffles? Yes No If yes, which location _____

Do you know anyone that works for Truffles? Yes No If yes, who? _____

Were you referred by an employee? Yes No If yes, who? _____

AVAILABILITY

Circle all shifts that you are able to work: am (open - 4:00 pm) pm (4:00 pm - close)

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|--------|----|---------|----|-----------|----|----------|----|--------|----|----------|----|--------|----|
| am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm |

REFERENCES

Please list two references (not relatives) below.

1. Name _____ Company/Position _____
Phone (_____) _____

2. Name _____ Company/Position _____
Phone (_____) _____