



Employment Application

Norwood's is an equal opportunity employer, complying with all State, Federal, and other laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. Norwood's is a Drug-Free Workplace. Under the provisions of Sec. 440.102, Fl. Stats., applicants for certain positions and employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

Please print

Name: _____
Last First Middle initial

Address: _____
Street City State Zip

Phone: (Home) _____ (Mobile) _____

Social Security Number: _____ - _____ - _____

Position applied for: (Please rank only 1st, 2nd, and 3rd choice)

Server _____ Bartender _____ Host _____ Food Runner _____

Line Cook _____ Prep Cook _____ Dishwasher _____ Other _____ (_____)

Type of employment desired:

Full time (over 25 hrs. per week) ☐ Part time (under 25 hrs. per week) ☐

Date available to begin working ____/____/____

Days/Hours Available:

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate any days or hours you are regularly unavailable:

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To pay your bills, live your lifestyle and feel good about coming to work,

What do you need to earn per week (Total take home pay)? \$_____ per week

Have you ever been employed with Norwood's? Yes ☐ No ☐

Can you provide documents to prove you are legally eligible for employment in the United States? Yes ☐ No ☐

Have you been convicted of a felony in the last seven (7) years? Yes ☐ No ☐
If yes, please explain: _____

Do you have adequate transportation to and from work? Yes ☐ No ☐

Are you of legal age to serve alcohol? (18 years old in Florida) Yes ☐ No ☐

Lifting, up to 50 lbs, and being on your feet, 6 to 9 hours, are requirements for all positions. Are you willing and able to comply? Yes ☐ No ☐

We may train on days you have other obligations. Are you willing to reschedule your plans to attend training? Yes ☐ No ☐

Are you willing to work flexible hours, including weekends & holidays? Yes ☐ No ☐

Do you have, or anticipate, any commitments, that may affect your schedule? Yes ☐ No ☐
If yes, please explain: _____

We have specific uniform and appearance requirements for both the dining room and kitchen: clean and proper uniform compliance, no excessive jewelry or makeup, and good general hygiene. Are you willing to comply? Yes ☐ No ☐

Work Experience: List current and former employers, beginning with the most recent:

From: mm/yy	To: mm/yy	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving: (or if current employer...May we contact?) No <input type="checkbox"/> Yes <input type="checkbox"/>		Final Salary: \$ per	

From: mm/yy	To: mm/yy	Employer:	Phone:
Job Title:		Address:	

Supervisor's Name and Title:	Summarize your work and job responsibilities:
Reason for leaving:	Final Salary: \$ per

From: mm/yy	To: mm/yy	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ per	

Skills and Qualifications

Please summarize any training, languages, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education:

High School (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:
College (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:

Other (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:

Personal References:

Please list the name, address and telephone number of two references other than relatives or prior employers:

Name and Address:	Phone Number:	Years Known:
Name and Address:	Phone Number:	Years Known:

All applicants **please read:**

I hereby certify that the information contained in this application and in any resumé provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, representations or omissions made by me on this application, any supplement, or on a resumé, will be sufficient grounds for rejection of this application or discharge from employment. I also hereby authorize Norwood's to obtain information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that Norwood's reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Norwood's, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the authorized officer.

I understand that Norwood's will not refuse to hire a qualified individual with a disability simply because of that person's need for a reasonable accommodation as required by the Americans with Disability Act.

If I am hired, I understand that I will be required to provide proof of identity and authorization to work. I also understand that this is a Drug-Free Workplace, and that applicants for certain positions and all employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

My signature below acknowledges that I have read the foregoing and that I agree to the above-stated terms.

Applicant's Signature: _____ Date: _____