Please email application to info@sellands.com or deliver in person to 4370 Town Center Blvd, El Dorado Hills, CA 95762

Employment Application

We are an Equal Opportunity Employer

<u>Please Print</u>	<u>ase Print</u> Da				
What Restaurant are you	applying to:				
Last Name	First Name	Middle			
Present Address:					
No. & Street	City	State	Zip		
Mobile Phone	Home Phone				
E-mail					
Employment Desired Position(s) applying for: _					
Personal Information Have you ever applied to Yes No If yes, when?	or worked for our Company before?				
	or relatives working for our Company?				
If yes, state name(s) and r	relationship:				
Name	Rela	tionship			
Name		Relationship			
How did you learn about o	our Company?				

	tion to <u>info@selland</u> ould you have reliable		sportation to and	d from work? 🔲 Yes	S No
Are you at I age.)	east 18 years old? (If res	under 18, hire	is subject to veri	ification that you are	of minimum legal
	n you present evidence y?	e of your U.S. (citizenship or pro	oof of your legal right	to live and work in
	e to perform the esse asonable accommodat			hich you are applying	g, either with or
If no, descr	ibe the functions that	cannot be per	formed.		
	comply with the ADA a or eligible applicants/				be subject to passing
	xamination, and to sk Training and Experier Name and Address		No. of years Completed	Did you Graduate?	Degree or Diploma
Education,	Training and Experier		No. of years	•	•
Education, School High	Training and Experier Name and Address		No. of years	Graduate?	•
Education, School High	Training and Experier Name and Address Name	nce	No. of years	Graduate?	•
Education, School High School	Training and Experier Name and Address Name City	nce	No. of years	Graduate?	•
Education, School High School College/	Training and Experier Name and Address Name City	nce	No. of years	Graduate?	•
Education, School High School College/ University	Name City Name City City	nce State	No. of years	Graduate?	•
Education, School High School College/ University	Name City Name City City	nce State	No. of years	Graduate? Yes No Yes No	•

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Note: Attach additional page(s) if necessary.

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Dates of	Name & Address		Supervisor & phone	Reason for leaving
Employment	of Employer	Responsibilities	number	
From:				Reason:
То:				May we contact this employer?
				YesNo
From:				Reason:
То:				May we contact this employer? YesNo
From:				Reason:
То:				May we contact this employer? YesNo
From:				Reason:
То:				May we contact this employer? YesNo

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Initials I hereby certify that all the information above is true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that any falsification, material omission or misstatement of information 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 further certify that I, the undersigned applicant, have personally completed this application.

Initials I understand that any offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

Initials I hereby authorize Selland Family Restaurants (the Company) and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied, and to thoroughly investigate my references, work record, education, professional credentials, and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to the Company 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 the Company, 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.

Initials 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 the Company and me. In addition, I understand and agree that if I am employed, my employment is "at-will" – that is, it 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 the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated medical practitioner and at the Company's expense upon receiving a conditional offer of employment from the Company.

Initials I understand and agree that in connection with my application for employment or possible assignment to another position within the Company, the Company may solicit and obtain information related to my character, work habits, job performance, experiences and abilities, and the reasons for the termination of past employment. I also understand and agree that internal personnel employed by the Company may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, civil matters, previous employment, educational background, and other past experiences, to the extent permitted by law. Should the Company obtain public records related to me (including records documenting (civil judicial action, tax lien or outstanding judgment), I understand that I am entitled to copies of any such public records within seven (7) business days unless I mark the check box below. If the Company takes any adverse action based on the information in such records, including denying me employment, I understand I am entitled to a copy of any such records even though I have checked the box below.

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