

# Bella Monica



EST. 2000

3121-103 Edwards Mill Rd  
Olde Raleigh Village  
Raleigh, NC 27612  
919.881.9778  
www.bellamonica.com

## EMPLOYMENT APPLICATION

NAME:

DATE

ADDRESS

PHONE

EMAIL

EMERGENCY CONTACT

PHONE

## RESTAURANT EXPERIENCE

RESTAURANT

CITY

EMP. DATES

POSITION

## AVAILABILITY

PLEASE INDICATE YOUR AVAILABILITY FOR EACH OF THE FOLLOWING SHIFTS

	LUNCH 10AM - 4PM	DINNER 4PM - 11PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

DATE YOU CAN START:

WHY WOULD YOU BE A GOOD CHOICE FOR THIS POSITION?

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WHAT DO YOU CONSIDER YOUR STRENGTHS AS A SERVER?

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WHAT ARE THE PRIORITIES YOU ARE LOOKING FOR IN THIS JOB?

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WHAT DOES HOSPITALITY MEAN TO YOU?

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DESCRIBE TWO IMPORTANT POINTS OF SERVICE YOU WOULD EXPECT WHEN DINING OUT

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HOW WOULD YOU RATE YOUR WINE KNOWLEDGE?

NONE	SOME	AVERAGE	GREAT	EXPERT

HOW DID YOU HEAR ABOUT BELLA MONICA?

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Dear Applicant:

Welcome to Bella Monica. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough *isn't*.
- We believe in doing business in a **professional** and **orderly** manner.
- We believe in **honesty** and **integrity**.
- We believe that only a **happy** and **professional** staff can give the level of personal service we demand.
- We believe in the **ongoing training** and **development** of our staff and see it as a worthy investment in the future of the company.
- We believe in providing **legendary** service – the unique and powerful sort of personal care and attention which our guests tell stories about.
- We believe that **everyone** is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

Sincerely,

Corbett & Julie Monica

## AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT

Please read carefully, then sign and date below

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information.

I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related,

I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

Name \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment at-will status and such a change can only be done in writing.

I have read, understand, and agree to the above.

Name \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_