



# 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

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

**Immediate Interview  
with a Manager!**



Serving Lunch and Dinner at

**Sea Pines Center**

671-6136

**Pope Avenue**

785-3663

and in Bluffton at

**Belfair Towne Village**

815-5551

trufflescafe.com trufflesgrill.com

## We want to know about YOU!

### PERSONAL INFORMATION

Name \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Position applying for \_\_\_\_\_ E-mail address \_\_\_\_\_

Desired Pay \_\_\_\_\_ Date you can start \_\_\_\_\_

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 restaurant? \_\_\_\_\_ When? \_\_\_\_\_

Final position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### AVAILABILITY (for hourly positions only)

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 three references (not relatives) below.

1. Name \_\_\_\_\_ Company/Position \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Company/Position \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Company/Position \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_