



**New Moon**

**APPLICATION FOR EMPLOYMENT**  
(Equal Opportunity Employer)

New Moon Restaurants ("The Company") is an equal opportunity employer and does not discriminate in hiring or employment on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, national origin, marital status, sex, sexual identity, ancestry, age, sexual preference, veteran status or on the basis of disabilities which, with reasonable accommodation, render the applicant qualified to satisfactorily perform the job available.

All questions must be answered. Please use ink or type.

DATE	REFERRED BY - SOURCE
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**PERSONAL INFORMATION**

FULL NAME:	LAST	FIRST	MIDDLE	
PRESENT ADDRESS	STREET	CITY	STATE ZIP	TELEPHONE #
PREVIOUS ADDRESS	STREET	CITY	STATE ZIP	CELL/ALTERNATE #
POSITION APPLIED FOR	DATE AVAILABLE	EMAIL ADDRESS		

LOCATIONS WHERE YOU ARE AVAILABLE TO WORK  
 Downtown LA  New Moon Café  Montrose  San Marino  Valencia  Buena Park  
 1<sup>ST</sup> CHOICE OF LOCATIONS: \_\_\_\_\_

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE, OR IF UNDER 18, DO YOU HAVE A PERMIT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU AFTER EMPLOYMENT SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP	WERE YOU PREVIOUSLY EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU WILLING TO WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION: _____ WHEN: _____ PLEASE LIST THE COUNTIES AND STATES LIVED IN DURING THE PAST THREE YEARS:
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LUNCH AVAILABILITY: Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ DINNER AVAILABILITY: Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___	HAVE YOU EVER BEEN CONVICTED OF A CRIME? Do not include (a) minor traffic violations, (b) marijuana-related convictions dated more than two years ago, (c) convictions that have been judicially ordered sealed, expunged, or statutorily eradicated, or (d) misdemeanor convictions which have been judicially dismissed pursuant to California Penal Code Section 1203.4. (A conviction will not necessarily disqualify an applicant). <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF POSITION APPLIED FOR REQUIRES DRIVING: Within the past 3 years have you been involved in any car accidents or received any moving violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", please describe: _____ _____	If you answered "yes", please explain and include the date(s), court(s), nature of offense(s), and disposition(s). Do not provide any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program. Are you currently out on bail or your own recognizance pending trial? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please give offense and explanation of incident.
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PLEASE INDICATE OTHER NAMES YOU HAVE USED IN PREVIOUS EMPLOYMENT OR SCHOOLING (FOR REFERENCE ONLY):	LIST ANY RELATIVE(S) WORKING FOR THIS COMPANY: NAME:  LOCATION:
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**EDUCATION AND TRAINING**

NAME AND LOCATION OF SCHOOL(S)	MAJOR SUBJECTS	NO. OF YEARS ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

POST GRADUATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SPECIAL TRAINING/TRADE SCHOOLS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
INDICATE ANY ADDITIONAL OR SUPPLEMENTAL EDUCATION, INCLUDING EXTENSION COURSES, SEMINARS, MILITARY TRAINING, ETC.		
LIST ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT THE COMPANY.		
<b>MILITARY</b>		
HAVE YOU EVER BEEN IN THE MILITARY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DID YOU RECEIVE A DISHONORABLE DISCHARGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EMPLOYMENT HISTORY**

Start with your most recent employment and list all jobs you have held in the past ten years, including time spent in school, self employment, etc. Please account for all time whether or not employed. Additional information may be written on a separate sheet and attached. Please complete carefully.

To prevent the possibility of jeopardizing your present position, we do not contact your present employer unless you indicate that we may.

MAY WE CONTACT YOUR PRESENT EMPLOYER?     YES         NO

COMPANY NAME	ADDRESS	PHONE NO.
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JOB TITLE	SUPERVISOR	FROM	TO
		MO.        YR.	MO.        YR.

DESCRIBE JOB DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING	STARTING PAY/COMPENSATION \$	ENDING PAY/COMPENSATION \$
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COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM	TO	
		MO. YR.	MO.	YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION	ENDING PAY/COMPENSATION	
		\$	\$	

COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM	TO	
		MO. YR.	MO.	YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION	ENDING PAY/COMPENSATION	
		\$	\$	

**PROFESSIONAL REFERENCES (who can speak to your work abilities & responsibility level)**

NAME	HOW THIS INDIVIDUAL KNOWS YOU	CELL / EMAIL ADDRESS
		/
		/
		/

**ADDITIONAL INFORMATION**

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH OUR COMPANY?  YES  NO

DO YOU HAVE A FOOD HANDLERS' CARD?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING HISTORY**

YOU MAY BE REQUIRED TO DRIVE A VEHICLE.

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

IF YES, STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

DURING THE PAST FIVE YEARS, HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE, OR CONVICTED OF A MOVING TRAFFIC OFFENSE, INCLUDING, BUT NOT LIMITED TO, DRIVING WHILE INTOXICATED OR RECKLESS DRIVING?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION

Please read carefully before signing. If you have any questions about the following, please ask for clarification.

- I hereby certify that I have personally completed this application. I further certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind whatsoever. I understand that any omission or misstatement of fact 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 agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application (or any document used to secure employment).
- If selected for employment by the Company, I acknowledge my employment will be contingent upon a satisfactory background check, including the verification of the information provided in this application and/or during the interviewing process.
- I hereby authorize the Company to thoroughly investigate my references, prior employment, work record, education and any other matters related to my suitability for employment and, further, 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.
- In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act, I expressly authorize any person associated with any Educational Institution, Past or Present Employer, Law Enforcement Agency Fed/State/Local, an Private/Public Medical Institution/Office or any person who has personal knowledge of my character, work experience, criminal record, education or medical history to release this information to the investigative agency for the purpose of employment consideration with the Company. I release all persons from liability as a result of true, accurate information. I also authorize that a copy of this release is valid as the original.
- I understand that, if hired, I may be required to work overtime or hours beyond a normally defined workday or work week.
- In consideration of my potential employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its Owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to this paragraph. Further, the Owner of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified period of time unless the Owner and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

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SIGNATURE OF APPLICANT

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DATE SIGNED