

The success of Sessions Sandwiches relies on talented, driven individuals that strive for excellence on a daily basis.

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.

If you believe that good enough isn't...

If you believe in doing business in a professional and orderly manner...

If you believe in exceptional service – the unique and powerful sort of personal care and attention that our guests should demand...

If you believe in creating a family and operating the restaurant with that level of love and care...

If you believe that success is only possible when we all work together...

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

We are currently looking for exceptional baristas, shapers and cashiers.

SESSIONS SANDWICHES - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

INSTRUCTIONS FOR SUBMITTAL:

- 1. Please fill out form completely.**
- 2. Please indicate in the email subject heading which position that you are applying for**
- 3. Email the completed application to contact@sessionssandwiches.com; We get several applications every day, and we review all that come in. Please do not email us to follow up on a submitted application; we will contact you with any further interest.**
- 4. IF YOU DO NOT HAVE ACCESS TO EMAIL, please print out a copy drop off a hard copy at the location between the hours of 11am - 2pm everyday**

Sessions Sandwiches

2823 Newport Blvd., Newport Beach, CA 92663

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date / / _____

How did you find out about this job? (“X” one) Craigslist Employee Walk-in Relative
Other _____

Why are you seeking a new job at this time? _____

APPLICANT INFORMATION

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone _____

E-mail Address _____

Do you have a Myspace and/or a Facebook account? _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? (Proof of U.S. citizenship or immigration status is required if hired.) _____

Have you been convicted of a crime? If yes, state the nature of the offense and disposition of the case. Include dates and places. _____

(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? _____ If yes, give dates of service:
From To _____

List any special skills or training: List any special skills or training: _____

EMPLOYMENT INFORMATION

Are you seeking full time, part time or temporary employment?
What hours and shift(s) would you prefer to work?
List times you are not available to work?
Are you willing to work overtime? Weekends? Holidays?
Are you currently employed? If hired, when would you be able to start?
Have you ever worked for this organization before? If yes, name used:
List any friends or relatives employed by this company
Have you ever been discharged or asked to resign from any position?
Have you ever been involved in the opening of a new restaurant or concept? If yes, please describe

EDUCATION (circle or bold highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D.	College: 1 2 3 4 5 6 7 8
Name of Secondary School:	Name of College:
Location of Secondary School:	Location of College:
Did you participate in any organized sports:	Major:
If in high school, are you enrolled in a recognized co-op program?	Minor:
If yes, identify program and school:	Degree:
Our customers speak a variety of languages. Please indicate all languages you speak and indicate fluency:	
Language	Expert, Intermediate, or Beginner

WORK HISTORY (please begin with most recent)

Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From	Job Title: Beginning	Ending
To		
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From	Job Title: Beginning	Ending
To		
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From	Job Title: Beginning	Ending
To		
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
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Company	Phone No. with Area Code	
Address	City/State/Zip	
Employment Dates: From	Job Title: Beginning	Ending
To		
Supervisor's Name & Title	P.O.S. System	
Describe duties briefly		
Specific reason for leaving		

For references purposes: Have you worked for any of these organizations or attended school under a different name?

If yes, give name and organization(s)

May we contact the employers listed above?

If not, list the employers you do not wish us to contact and why:

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 credit report, 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.

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.

Signature *(for email submission, please type your name here as your authorized signature)*

Date

Name (please print)
