

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

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Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify

AVISO:

La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.



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El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.



Employment Application

Farmer's Table, LLC considers applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

PLEASE COMPLETE, SIGN AND DATE

Full Legal Name: _____
Last
First
Middle

Address: _____
Street Address
Apt. #

_____ *City* *State* *Zip Code*

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail Address: _____

Position(s) Applied For: _____ Date Available to Start: _____

Are you available to work: Regular Full-time Regular Part-time Seasonal / Temporary

Indicate availability for work.
 Note: Times below are for availability on a particular day only and not exact schedules/shifts.

	Breakfast 6:00 a.m. – 2:00 p.m.	Lunch 11:00 a.m. – 4:00 p.m.	Dinner 4:00 p.m. - close
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever completed an application with the company before? If yes, please give dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with the company before? If yes, please give dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever committed, plead "guilty" or "no contest" to a crime, been convicted of a crime, or had adjudication withheld? If yes, please provide dates and details. <i>Answering yes to these questions does not constitute automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally qualified to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



EDUCATION & TRAINING

School	Name & Location	Number of years	Course of Study	Did you graduate?	Diploma / Degree
<input type="checkbox"/> High School or <input type="checkbox"/> GED Program					
College / University					
Other [Vocational, Technical, etc.]					

Do you have Food Safety Handler Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Summarize special skills and training not listed above:

List professional, trade, business, or civil activities and offices held.
You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

Are you able to perform the essential requirements of the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special Skills and Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Give name, address, and telephone number of three (3) business references who are not related to you.

1)

2)

3)



EMPLOYMENT EXPERIENCE

Start with your present or most recent position. Although you may have submitted a resume, please complete this section of the application.

Employer 1:	Job Title:
Responsibilities:	Reason for Leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “no”, please explain.	Dates Employed [month / year] From To
Company Address:	Telephone #: () –
Supervisor's Name & Title:	Salary: Starting \$ Ending \$

Employer 2:	Job Title:
Responsibilities:	Reason for Leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “no”, please explain.	Dates Employed [month / year] From To
Company Address:	Telephone #: () –
Supervisor's Name & Title:	Salary: Starting \$ Ending \$

Employer 3:	Job Title:
Responsibilities:	Reason for Leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “no”, please explain.	Dates Employed [month / year] From To
Company Address:	Telephone #: () –
Supervisor's Name & Title:	Salary: Starting \$ Ending \$

Employer 4:	Job Title:
Responsibilities:	Reason for Leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “no”, please explain.	Dates Employed [month / year] From To
Company Address:	Telephone #: () –
Supervisor's Name & Title:	Salary: Starting \$ Ending \$



I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Farmer's Table, LLC is of an "at will" nature, which means that the Employee may resign at any time and Farmer's Table, LLC may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of Farmer's Table, LLC specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, rules and regulations of Farmer's Table, LLC.

Signature of Applicant

Date