



**UNION RIVER**  
**LOBSTER POT**  
— RESTAURANT —

# *Application for Employment*

Applicant Name \_\_\_\_\_

Union River Lobster Pot Restaurant

8 South Street

Ellsworth Maine 04605

[info@lobsterpot.com](mailto:info@lobsterpot.com)

207 667 5077

# Statement of Values

Dear Applicant:

Welcome to the Union River Lobster Pot Restaurant. 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 that our guests tell stories about.
- We believe that the customer is our primary reason for being in business.
- We believe a summer job on the coast of Maine should be fun!

If this feels like an environment for you, please download and complete the application and mail it to: Union River Lobster Pot Restaurant, 8 South Street Ellsworth Maine 04605. Or scan it to a PDF and email to [info@lobsterpot.com](mailto:info@lobsterpot.com)

# Union River Lobster Pot Restaurant - 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.*

**\*\* PLEASE PRINT CLEARLY \*\***

## **Applicant Information**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If you are under 16 years of age, can you furnish a work permit? \_\_\_\_\_

Are you able to work to the end of the season; until the middle of October? If not, give the date you can work until \_\_\_\_\_

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

If hired do you have housing? \_\_\_\_\_

## **Employment Information**

Are you seeking full time, or part time employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

If you are a college student please indicate how late in the season you can work. \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Do you have any handicapping conditions that would prohibit you performing the tasks associated with restaurant work? \_\_\_\_\_

Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8      Secondary: 9 10 11 12 G.E.D

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

If yes, identify program and school: \_\_\_\_\_

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

Minor: \_\_\_\_\_

## Work History (please begin with most recent)

1. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

2. Company \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

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:

\_\_\_\_\_

# References (other than work)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## 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 \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_