SELLAND
HOSPITALITY
GROUP

EMPLOYMENT APPLICATION

Please email completed application to hr@thesellandgroup.com
We are an Equal Opportunity Employer

DATE: _____

LOCATION YOU ARE APPLYING TO:

- ☐ **Sellands East Sac**
  5340 H St.,
  Sacramento, CA 95819
- ☐ **Sellands Broadway**
  915 Broadway,
  Sacramento, CA 95818
- ☐ **Sellands Bakery**
  915 Broadway,
  Sacramento, CA 95818
- ☐ **OBO' Italian Table and Bar East Sac**
  3145 Folsom Blvd.,
  Sacramento, CA 95816
- ☐ **OBO' Italian Table and Bar El Dorado Hills**
  4370 Town Center Blvd.,
  El Dorado Hills, CA 95762
- ☐ **Ella Dining Room and Bar**
  1131 K St.,
  Sacramento, CA 95814
- ☐ **The Kitchen Restaurant**
  915 Broadway,
  Sacramento, CA 95818
- ☐ **Selland Hospitality Group Corporate**
  555 University Ave.,
  Sacramento, CA 95825

APPLICANT INFORMATION:

_____
Applicant's Full Name

_____
Street Address *City* *State* *Zip Code*

_____ _____
Phone Number *Email Address*

EMPLOYMENT DESIRED:

_____
Position(s) Applying For

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1. If hired, would you have reliable means of transportation to and from work? ☐ **YES** ☐ **NO**

2. Are you at least 18 years old? ☐ **YES** ☐ **NO**
   (If under 18, hire is subject to verification that you are of minimum legal age.)

3. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ **YES** ☐ **NO**

4. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ **YES** ☐ **NO**

   If no, describe the functions that cannot be performed:

   _____

   _____

   (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

EDUCATION

Please fill out all sections that apply

High School:

_____

Name of School *City* *State*

Did you graduate? ☐ **YES** ☐ **NO** _____ _____

Number of Years Completed *Degree or Diploma Earned*

College/University:

_____

Name of School *City* *State*

Did you graduate? ☐ **YES** ☐ **NO** _____ _____

Number of Years Completed *Degree or Diploma Earned*

Business/Vocational School:

_____

Name of School *City* *State*

Did you graduate? ☐ **YES** ☐ **NO** _____ _____

Number of Years Completed *Degree or Diploma Earned*

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EMPLOYMENT HISTORY

Please list all present and past employment, starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. Complete this section even if attaching a resume.
Note: Attach additional page(s) if necessary.

Name of Employer _____ *Dates of Employment* _____

Employer Address _____ *City* _____ *State* _____

Position Title & Responsibilities _____

Supervisor Name _____ *Supervisor Phone Number* _____

Reason for Leaving _____ May we contact this employer? ☐ YES ☐ NO

Name of Employer _____ *Dates of Employment* _____

Employer Address _____ *City* _____ *State* _____

Position Title & Responsibilities _____

Supervisor Name _____ *Supervisor Phone Number* _____

Reason for Leaving _____ May we contact this employer? ☐ YES ☐ NO

Name of Employer _____ *Dates of Employment* _____

Employer Address _____ *City* _____ *State* _____

Position Title & Responsibilities _____

Supervisor Name _____ *Supervisor Phone Number* _____

Reason for Leaving _____ May we contact this employer? ☐ YES ☐ NO

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Please read carefully, initial each paragraph and sign below:

_____
Initials

I hereby certify that all the information above is true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that any falsification, material omission or misstatement of information 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 further certify that I, the undersigned applicant, have personally completed this application.

_____
Initials

I understand that any offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

_____
Initials

I hereby authorize Selland Hospitality Group (the Company) and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied, and to thoroughly investigate my references, work record, education, professional credentials, and other matters related to my suitability for employment. Further, I 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.

_____
Initials

I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is "at-will" – that is, it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____
Initials

I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated medical practitioner and at the Company's expense upon receiving a conditional offer of employment from the Company.

_____
Initials

I understand and agree that in connection with my application for employment or possible assignment to another position within the Company, the Company may solicit and obtain information related to my character, work habits, job performance, experiences and abilities, and the reasons for the termination of past employment. I also understand and agree that internal personnel employed by the Company may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, civil matters, previous employment, educational background, and other past experiences, to the extent permitted by law. Should the Company obtain public records related to me (including records documenting (civil judicial action, tax lien or outstanding judgment), I understand that I am entitled to copies of any such public records within seven (7) business days unless I mark the check box below. If the Company takes any adverse action based on the information in such records, including denying me employment, I understand I am entitled to a copy of any such records even though I have checked the box below.

☐ **I waive receipt of a copy of any public record described in the paragraph above.**

Date *Applicant or Employee Name* *Applicant or Employee Signature*