



# APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Lior's Café, LLC., is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, pregnancy, veteran or military status, unfavorable discharge from military service, genetic information, sexual orientation, gender identity, marital status, order of protection status, citizenship status, arrest record or expunged or sealed convictions, or any other legally recognized protected basis under federal, Illinois, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act, the Illinois Human Rights Act, and applicable local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Lior's Café, LLC. Please inform the company's personnel representative if you need assistance completing this application or to otherwise participate in the application process.

Upon employment, employees of Lior's Café, LLC may be required to have their picture taken or to provide Lior's Café, LLC with a picture of themselves.

## GENERAL INFORMATION

Full Name _____			Date _____	
FIRST	MIDDLE	LAST		
Address _____				
STREET		CITY	STATE	ZIP CODE
Contact Number (____)		Date available for work _____		
Alternate Contact Number (____)		Email (optional) _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)				
Driver's license number _____		State of issue _____		Expiration date: _____

## POSITION INFORMATION

Position applied for: \_\_\_\_\_

Applying for:  Full-time  Part-time  Seasonal/Temporary

## EDUCATION

Type of School	School Name and Location	Number of Years Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School (or G.E.D. equivalent)				
College or University				
Graduate School				
Vocational or Trade School				
Other				

## BACKGROUND INFORMATION

During the past two (2) years, have you ever been discharged, suspended, or asked to resign from any position?

Yes  No If yes, please explain. \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?  Yes  No If yes, specify name. \_\_\_\_\_

## PROFESSIONAL REFERENCES

List three professional references (other than those listed as a current/former supervisor) that we may contact:

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Type of Acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Type of Acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Type of Acquaintance \_\_\_\_\_

## EMPLOYMENT RECORD

List all employment experience for the past seven (7) years, starting with the most recent or present employer, including U.S. military service or training. Using a separate section for each position, describe in detail all work experience. **You may include as part of your employment history any verifiable work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No      If not, why? _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ _____ Month                  Year To _____ _____ Month                  Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ _____ Month                  Year To _____ _____ Month                  Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ _____ Month                  Year To _____ _____ Month                  Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ _____ Month                  Year To _____ _____ Month                  Year

How did you learn about the position? Check all that apply:

- Lior's Café, LLC's website  
  Recruiter                 
  Word of mouth                 
  Other  
 Careers website or job board (Monster, Indeed, CareerBuilder, etc.)  
  Social media (LinkedIn, Facebook, etc.)

Have you worked for Lior's Café, LLC., before?

- Yes    No    If yes, when? \_\_\_\_\_    Job title: \_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE  
SIGNING**

I understand, where permissible under applicable federal, Illinois, and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with Lior’s Café, LLC.

\_\_\_\_\_ Initials

I understand, where permissible under applicable federal, Illinois, and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Lior’s Café, LLC.

\_\_\_\_\_ Initials

I understand, where permissible under applicable federal, Illinois, and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

\_\_\_\_\_ Initials

I understand employment with Lior’s Café, LLC is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I authorize Lior’s Café, LLC and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked “May we contact?” on page 3 of this application as “No”), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I hereby certify that, if employed, my employment with Lior’s Café, LLC will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any.

\_\_\_\_\_ Initials

**I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or Lior’s Café, LLC at any time, with or without cause, and with or without notice.**

\_\_\_\_\_ Initials]

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment regardless of the amount of time that has passed.

\_\_\_\_\_ Initials

Note: An offer of employment is conditioned upon complying with Lior’s Café, LLC's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background check.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_