



AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.

GENERAL

PLEASE PRINT

Date: Month Date Year

Name: First Middle Last Social Security No: / /

Present Address: (If less than 2 years at current address) Street City State Zip

Previous Address: Street City State Zip

Age Birth Date Day Phone: () Evening Phone: () If Under 21: If Under 21: Month Day Year If none, give contact number.

Are you legally able to work in the United States? Yes No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

(SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED.) For what position are you applying? Server Host Bartender Busser / Server Ass't Line Cook Production Dishwasher / Utility Alley Coordinator Expected Starting Hourly Rate Expected Weekly Earnings:

Who referred you to The Olive Garden? Date available for employment

Are you presently or have you ever been employed by The Olive Garden, Red Lobster, Bahama Breeze, Smokey Bones or any other Darden Restaurant? Yes No

Location: Dates:

Have you ever been convicted of a felony which has not been annulled or sealed by a court? Yes No If yes, please explain above: (Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)

Relatives Employed by The Olive Garden: Name Location Relationship

(Relatives employed by the company will not necessarily exclude you from employment but will be considered for job placement to avoid a direct supervisory relationship between relatives.)

WORK SCHEDULE AVAILABILITY

What shifts/hours are you available to work? We have shifts from 7:00 AM to 2:00 AM. (Please list hours in each AM/PM box).

Table with 8 columns: SHIFT, MON, TUES, WED, THUR, FRI, SAT, SUN. Rows for AM and PM shifts.

Are you willing to work a split shift? Yes No Are you willing to stay late in an emergency? Yes No Are you willing to work holidays / weekends? Yes No How many hours per week do you expect to work?

EDUCATION

Table with 7 columns: Type of School, Name of School, Location of School, Courses Majored in, Last Year Completed, Diploma/Degree Yes/No, Grade Avg.

VOLUNTEER & MILITARY EXPERIENCE

Volunteer Experience: (Exclude activities relating to race, religion, color, ancestry, age, national origin, gender or disability.) _____

Skills Acquired: _____

U.S. Military Experience: (If applicable) _____

Skills Acquired: _____

BUSINESS EXPERIENCE

(List most recent three employers)

Present Employer (or most recent)	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason For Leaving	
Previous Employer	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason For Leaving	
Previous Employer	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason For Leaving	

I UNDERSTAND THAT GMRI, INC., d/b/a THE OLIVE GARDEN (RED LOBSTER) HAS IN PLACE A DISPUTE RESOLUTION PROCEDURE, AND I FURTHER ACKNOWLEDGE AND AGREE THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT, ANY DISPUTE BETWEEN ME AND GMRI, INC., d/b/a THE OLIVE GARDEN (RED LOBSTER) RELATING TO MY EMPLOYMENT AND/OR MY SEPARATION FROM EMPLOYMENT, SHALL BE SUBMITTED WITHIN ONE (1) YEAR OF THE DAY WHICH I LEARNED OF THE EVENT AND SHALL BE RESOLVED PURSUANT TO THE TERMS AND CONDITION OF THE DISPUTE RESOLUTION PROCEDURE.

NOTICE TO TIPPED EMPLOYEES: You are hereby notified that Section 3(m) of the Fair Labor Standards Act (The Federal Minimum Wage Law) provides as follows: In determining the wage of a tipped employee, the amount paid such employee shall be at least an amount equal to the cash wage of \$2.13 an hour and an additional amount of the tips received by such employee which amount is equal to the difference between \$2.13 an hour and the current minimum wage in effect. The additional amount on account of tips may not exceed the value of the tips actually received by an employee. The preceding two sentences shall not apply with respect to any tipped employee unless such employee has been informed by the employer of the provisions of the section and all tips received by such employee have been retained by the employee, except that nothing herein shall prohibit the pooling of tips among employees who customarily and regularly receive tips. Some states have eliminated the tip credit or require a lower percentage of the tip credit than the Federal Minimum Wage Law, in which case State Law will apply.

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS OF DARDEN RESTAURANTS, INC. AND THE OLIVE GARDEN. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF DARDEN RESTAURANTS, INC., THE OLIVE GARDEN OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY.

IT IS THE POLICY OF DARDEN RESTAURANTS, INC. AND THE OLIVE GARDEN TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

DATE _____ SIGNATURE OF APPLICANT _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED.