

Employment Application

Hartford Restaurant Group, LLC Family of Independent Restaurants

The HRG family of independent restaurants are equal opportunity employers and do not discriminate on the basis of sex, sexual orientation, marital status, age, race, color, religion, national origin, ancestry, or persons with disabilities who can, with reasonable accommodation, perform the essential job functions. It is our policy to hire, promote, compensate, and apply all employment policies without regard to the basis of sex, sexual orientation, marital status, age, race, color, religion, national origin, ancestry, or reasonably accommodated, nonessential disabilities.

(PLEASE PRINT CLEARLY) Restaurant Name _____ Location _____ Social Security # _____

Application for position as _____ Today's Date _____

Name _____
FIRST MIDDLE LAST

Phone # () _____

Address _____ City _____ State _____ Zip _____

If you are under the age of 22, and applying for a position that requires you to serve alcohol, please state your date of birth: _____

Are you authorized to work in the United States? Yes No

Date able to start _____ Pay Expected _____

Are you available to work full time? Yes No How many hours do you expect to work a week? _____
Minimum Maximum

If not, what hours can you work? _____

Indicate the shifts you are available to work
By marking an "X" in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

High school attended _____

Did you graduate? Yes No

College attended _____

Numbers of years completed _____

Major / Minor _____

Did you graduate? Yes No

Please list any special abilities or knowledge which you have that are related to the job for which you are applying. (Please do not list those items which are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions): _____

In addition to work experience described in this application, what other experiences, skills or abilities do you have that should be considered in evaluating your qualifications for this job? _____

EMPLOYMENT EXPERIENCE (start with the most recent)

1. Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____
2. Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____
3. Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____

Job Title _____

Reason for leaving _____

REFERRAL SOURCE:

Advertisement

Employee

Relative

Government Employment Agency

Walk-in

Other _____

REFERENCES

1. Name _____ Phone# _____ Years Known _____

2. Name _____ Phone# _____ Years Known _____

Will you abide by the safety rules of this company? Yes No

Have you ever been convicted of a felony, pled guilty to a felony, or been placed on probation for a felony offense? Yes No

(Conviction will not necessarily disqualify an applicant for employment, but date and type of conviction may be considered for job placement.)

If Yes	Date	Nature of Conviction	Where	Disposition

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize any and/or all of the Hartford Restaurant Group family of independent restaurants including, without limitation, WNT, LLC, WNT II, LLC, WNT III, LLC, WNT IV, LLC, 410 Queen Street Partners Southington, LLC, Vaughan’s Publik House, LLC, Agave Cantina and Grill, LLC, ACG Holding, LLC and HRG Management, LLC and any authorized agent thereof (sometimes collectively referred to as the “Company” or “Companies”) to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding information provided on this application, on my resume, or during my interview. I authorize any person(s) having knowledge to provide such information to the Company, and release from liability and agree to hold harmless (i) any person that furnishes such information in good faith, as allowed by applicable state and federal laws and (ii) the Companies as the recipient(s) of such information. I agree that any such information obtained by any of the Companies may be distributed to and among the other Companies in considering my employment application. I will agree to a drug test, if permitted by law, to be paid for by the Company. Should I become involved in a claim for worker’s compensation or any other litigation after employment by the Company, I will allow the Company to supply my employment records (as allowed by applicable state and federal laws) to an opposing party. If employed by any of the Companies, I understand that I will be an employee at will and that my employment may be terminated at anytime by myself or the Company for any reason whatsoever. Should I become employed by any of the Companies, I also authorize the Company to conduct any additional background checks should they become necessary at any point during my employment. I also understand that the terms of my employment shall be based on all provisions described in the Company’s Handbook, which may be periodically amended. I further understand that if employed by any of the Companies, no representative of any or all of the Companies has the authority to modify or change my status as an employee at will. Finally, I understand that this is only an application for employment and neither an offer of or a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract. The Agreement to Arbitrate accompanying this application must be read and signed in order for you to be considered for employment with any of the Companies. By signing the Agreement to Arbitrate I understand that the employment at will relationship will not be altered.

Date _____

Signature of Applicant _____

Agreement to Arbitrate

Because of, among other things, the delay and expense which result from the use of the court systems, the Hartford Restaurant Group Family of independent restaurants including, without limitation, WNT, LLC, WNT II, LLC, WNT III, LLC, WNT IV, LLC, 410 Queen Street Partners Southington, LLC, Vaughan's Publik House, LLC, Agave Cantina and Grill, LLC, ACG Holding, LLC and HRG Management, LLC and any authorized agent thereof (sometimes collectively referred to as the "Company" or "Companies", and /or their current or former employees) and I agree that any legal or equitable claims or disputes arising out of or in connection with the employment, terms and conditions of employment, or termination of employment will be settled exclusively by binding arbitration instead of in a court of law or equity. This agreement applies to all disputes involving legally protected rights (e.g., local, state and federal statutory, contractual or common law rights) regardless of whether the statute was enacted or the common law doctrine was recognized at the time this agreement was signed. I understand that this agreement does not limit my ability to complete any external administrative remedy (such as with the EEOC).

The arbitration proceedings shall take place in Hartford, CT in accordance with the National Rules for Resolution of Employment Disputes (National Rules) of the American Arbitration Association (AAA) in effect at the time that the demand for arbitration is made. There will be one arbitrator chosen by mutual agreement of the parties. If, within thirty days after the employee notifies the employer of an arbitration dispute and no arbitrator has been chosen, then an arbitrator will be chosen by AAA pursuant to its National Rules. The arbitrator shall coordinate and limit as appropriate all pre-arbitration discovery (e.g., document production, information requests, depositions). The arbitrator shall issue a written decision and award (if any) stating the reasons for the decision and award. The decision shall be exclusive, final and binding on both parties, their heirs, executors, administrators, successors and assigns, and may be entered and enforced in any court of competent jurisdiction. The employee is entitled to representation by an attorney throughout the proceedings at his or her own expense. The costs and expenses of the arbitration shall be borne evenly by the parties, unless otherwise awarded by the arbitrator in the final, written decision.

I understand that by signing this agreement that I am agreeing to substitute one legitimate dispute resolution form (arbitration) for another (litigation), thereby waiving any right to have my dispute resolved in court. This substitution involves no surrender, by either party, of any substantive statutory or common law benefits, protection, or defense.

I understand that if I should become employed by any of the Companies, such employment is conditioned upon this Agreement and I understand that this Agreement must be read and signed in order for me to be considered for employment with any of the Companies. The parties agree that this is not intended to add to, create, or imply any contractual or other right of employment. The parties employment relationship is at will, and no other inference is to be drawn from this Agreement.

Employee _____

Date _____