



**OLD TOWN DINING, LLC**

## SO YOU WANT TO WORK AT OLD TOWN DINING?

**W**e welcome the opportunity for you to apply with our company. In 1992 we opened Baily Wine Country Café which later became know as **Baily's**. In 2004 we relocated to our current facility in Old Town Temecula and at that time added the **Front Street Bar & Grill** restaurant. In, 2007 we opened the **Town Club**, a members only business lunch club and in 2008 we opened the nightclub **eleven after dark**. Our only goal is a lot of happy customers.

Our company is always seeking hard working and enthusiastic individuals that take pride in their attention to detail. If you already know how much fun the restaurant industry is to work in or would like to find out please apply. **Please don't apply if you are not passionate about customer service and working with others to make our guests totally satisfied.**

Old Town Dining offers the following benefits:

- FLEXIBLE WORK SCHEDULES
- COMPETITIVE PAY
- EMPLOYEE DISCOUNTS
- BAILY WINERY DISCOUNTS

To apply:

- FILL OUT THE ATTACHED APPLICATION IN ITS ENTIRETY. ATTACH A RESUME IF APPROPRIATE IN ADDITION TO A FILLED OUT APPLICATION. WRITE LEGIBLY. UNREADABLE APPLICATIONS WILL BE DISCARDED.
- FILL OUT THE SCHEDULE AVAILABILITY FORM. THIS IS USED TO DETERMINE IF YOUR SCHEDULE WILL MEET THE COMPANY'S NEEDS.

**FRONT STREET**  
bar & grill

*Baily's*  
FINE DINING

**T**  
Town Club

**eleven**  
after dark



**OLD TOWN DINING, LLC**  
 28699 Old Town Front Street  
 Temecula, CA 92590  
 951-676-9567

# APPLICATION FOR EMPLOYMENT

Old Town Dining, LLC does not unlawfully discriminate in violation of either state or federal laws regarding employment on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition (cancer), marital status, sex (including gender) age, or sexual orientation or other legally protected classification. No question on this form is intended to obtain information to be used for any such discrimination.

## PERSONAL INFORMATION

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

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NAME (LAST, FIRST MIDDLE): \_\_\_\_\_

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PRESENT ADDRESS: \_\_\_\_\_

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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IF RELATED TO ANYONE IN OUR COMPANY STATE NAME AND DEPARTMENT: \_\_\_\_\_

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REFERRED BY: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_  FULL TIME  PART TIME  TEMPORARY

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DESIRED PAY \$: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

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ARE YOU EMPLOYED NOW:  YES  NO IF YES, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER:  YES  NO

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EVER APPLIED TO THIS COMPANY BEFORE:  YES  NO WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

## EDUCATION

SCHOOL NAME & LOCATION	FROM/TO	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL		YES / NO	
HIGH SCHOOL		YES / NO	
COLLEGE		YES / NO	
TRADE/OTHER		YES / NO	

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

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WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ: \_\_\_\_\_ WRITE: \_\_\_\_\_

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ACTIVITIES: CIVIC, ATHLETIC, ETC. \_\_\_\_\_

## MISCELLANEOUS QUESTIONS

ARE YOU A MILITARY VETERAN?:  YES  NO

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ARE YOU WILLING TO SUBMIT TO A DRUG TEST AS A PRECONDITION OF EMPLOYMENT?:  YES  NO

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ARE THERE ANY DAYS OF THE WEEK THAT YOU CANNOT WORK?:  YES  NO (IF SO, EXPLAIN WHY) \_\_\_\_\_

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DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO AND FROM WORK IN A PUNCTUAL MANNER ON A DAILY BASIS?:  YES  NO

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DO YOU HAVE A VALID DRIVER'S LICENSE?:  YES  NO (IF NOT, EXPLAIN WHY) \_\_\_\_\_

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IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES YOU TO OPERATE A VEHICLE FOR THE COMPANY, ARE YOU INSURABLE, TO THE BEST OF YOUR KNOWLEDGE?:  YES  NO (IF NOT, EXPLAIN WHY)

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OTHER THAN A MARIJUANA-RELATED OFFENSE, HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS?:  YES  NO

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HAVE YOU BEEN CONVICTED OF A MARIJUANA-RELATED FELONY WITHIN THE LAST TWO YEARS?:  YES  NO

**FORMER EMPLOYERS** LIST BELOW THE LAST FOUR EMPLOYERS STARTING WITH THE PRESENT OR MOST RECENT FIRST.

DATE		NAME AND ADDRESS OF EMPLOYER	PHONE	POSITION/TITLE	REASON FOR LEAVING
MONTH & YEAR					
FROM					
To					
FROM					
To					
FROM					
To					
FROM					
To					

**REFERENCES** LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	TYPE OF BUSINESS

**EMERGENCY CONTACT**

NAME	ADDRESS	PHONE NUMBER

**AUTHORIZATION****Disclosures and Release**

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. I hereby authorize the employer to whom I am now applying to investigate my references, work record, credit record if applicable, education and other matters relating to my suitability for employment and, further, authorize my former employers to disclose to this company any and all letters, reports and other information related to my work records. To the extent, if at all, I have a right to waive the right to notice of such disclosures, I hereby do so and furthermore, to the extent I have a right to release this company, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of, or in any way related to such investigation or disclosure, I hereby do so.

**At-Will Status**

I understand this employment application is not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the company does not constitute any form of contract, implied or expressed. I understand and agree that if I am employed, my employment is for no definite or determinable period and that my employment is "at will" and I may be terminated at any time, with or without cause, at the option of either myself or the company for either employment and/or promotion, and that no promises or representations contrary to the foregoing are binding on the company. My continued employment is dependent on satisfactory performance and the continued need for my services as determined solely by the company.

**Binding Arbitration**

I furthermore understand and agree that if for any reason a dispute arises between myself and the employer set forth on this form in any manner, that I hereby agree that such may be resolved by way of binding arbitration in accordance with the policies and procedures set forth in the employer's employee manual. Additionally I hereby acknowledge and agree and understand that as a pre-condition to my employment, I may be requested to participate in a pre-employment drug test and hereby give my consent to such.

**Identity**

I understand that proof of identity and right to work in the United States will be required within the first three days of employment with the company for which I am now applying. This information, I understand, is required for continued employment.

I hereby acknowledge and agree that upon cessation of my employment, my final paycheck will immediately be provided to my by mail to my last known mailing address.

By checking this box, I hereby acknowledge and agree that I am waiving the right to receive a copy of any public record obtained while doing any type of background check on myself.

I acknowledge that I have read all of the above statements and that I understand them.

DATE:

SIGNATURE:

