



LA SEAFOOD & STEAKHOUSE

APPLICATION FOR EMPLOYMENT

None of the questions listed are intended to imply limitations, preferences or discrimination based on age, sex, marital status, race, creed, color, national origin, citizenship status or existence of any sensory, mental or physical disability that does not interfere with the performance of the position applied for.

PERSONAL INFORMATION						Date:	
Name Last		First		Middle Initial		Soc. Security No.	
Present Address			City		State		Zip
							How Long?
Phone number(s):			Do you have transportation?		Under 18 yrs.		If yes, date of birth
			Yes	No	Yes	No	Mo. Day Year
							/ /
In case of emergency, notify:		Name			Address		Phone
Position Desired		Hours desired			Pay expected		Date able to start
		____ Full Time ____ Part time					
If part time, what hours/days can you work?							
Can you perform the essential functions of the job without reasonable accommodations?						Yes	No
Are you currently Employed?		Yes	No	If yes, may we contact your present employer?		Yes	No
Have you ever previously applied to or been employed by Regatta?						Yes	No
If Yes: When? Where?							
Name anyone you know presently employed by Regatta							
How were you referred to Regatta?		____ Help wanted ad			____ Employment agency		
____ Other (specify):							
Have you evr been convicted of a felony or crime involving theft or dishonesty? (NOTE: A conviction will not necessarily bar an applicant from employment)						Yes	No
If yes, detail briefly:							
Are you a citizen of the United States?						Yes	No
If not a citizen of the United States, have you the right to work in the United States? (NOTE: Hire is subject to vedrification that applicant meets legal age and U.S. Work permit requirements)						Yes	No

1 Type or print your first name and middle initial _____ Last name _____	2 Your social security number _____ / ____ / ____
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Home address (number and street or rural route) _____	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.
City or town, state, and ZIP code _____	4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card > _____

5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) .	5 _____
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____
7 I claim exemption from withholding from 1999, and I certify that I meet BOTH of the following conditions for exemptions. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here	7 _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature _____ Date > _____
 (Form is not valid unless you sign it) >

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) _____	9 Office Code (optional) _____	10 Employer identification number _____ / _____
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