

Statement of Values

Mission

Our mission is to enrich the lives of our guests, our employees and owners. We do this through superior quality food and beverages, superior customer service, sales growth, cost controls and treating our employees like family. We believe that our employees are our most important resource and our success depends upon creating and retaining a staff capable of delivering an exceptional experience to every customer, every time.

Our way of doing business

Our success depends on our people. Our restaurant can only prosper and provide opportunities for employment and growth when we continually improve ourselves, and the work we do. We believe that a commitment to uncompromising values and integrity should always guide our decisions and actions as we pursue our goals. Following are the core values that form the foundation of our measurement of success:

We believe in providing superior service. Our goal is to provide the kind of unique and genuine sort of personal care and attention that our customers tell stories about.

We believe in honesty and trust. We work to build trust with others in each and every transaction and interaction. We recognize that honesty and trust form the bond that holds organizations and relationships together.

We believe our continued success depends on teamwork. We know that great achievements are only possible from helping and respecting each other.

We believe in doing business in a professional and orderly manner. We take great pride in having good systems, standardized procedures and being organized.

We believe in being responsible to others and to ourselves. We do what we say we are going to do when we say we are going to do it. We believe in personal accountability and avoid blaming others when things don't turn out as planned.

Dear Applicant:

Welcome to the Sebastian Beach Inn. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are listed above. We believe that everyone is capable of being an A+ player.

Please note that background checks are required for all management applicants prior to hiring.

If this feels like an environment for you, please complete the application. Please include information requested on the form even if you have included the information on a separate resume. If you need additional space please write on the back of the form.

Coppola's Bar & Grille at the Historic SBI - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____ / ____ / ____

How did you find out about this job? Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____

City/State/Zip _____

Phone (____) _____ Phone: (____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Driver's License No. _____ State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places.
(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are **not** available to work? _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, when: _____

List any friends or relatives employed by this company: _____

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

College: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

References: Please list 2-3 personal references (Name & Phone #)

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____
If yes, give name and organization(s) _____

May we contact the employers listed above? ____ If not, list the employers you do not wish us to contact and why:

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

This form is intended to comply with all Florida and Federal regulations that may apply. Any components found to be non-compliant shall be discarded; and the SBI shall be held harmless. Any areas of non-compliance discarded shall not affect the remaining components of the form as a whole.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's Owner or General Manager are authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____