



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Cell Phone: () _____

Date of Birth: _____ Social Security No.: _____

Referred by: _____

Employment Desired

Position: _____ Date you can start: _____

Desired Wage _____ Slice location you would like to work _____

Hours Desired Full-time Part-time Day Evening

Hours Not Available _____ Currently Employed? Yes No Where? _____

General Information

Are you a student? Yes No Ever worked in a pizzeria? Yes No

Are you *Serve Safe* certified? Yes No

Have you ever worked with Aloha point of sale system? Yes No

What makes you qualified for this position?

Define these terms:

Ramekin _____ Chardonnay _____

"In the weeds" _____

Previous Employment

Company: _____ Phone: () _____

Job Title: _____ Pay Rate: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____

Job Title: _____ Pay Rate: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____

Job Title: _____ Pay Rate: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (AD) and other relevant federal and state laws."

Signature: _____ Date: _____