

EMPLOYMENT HISTORY

Company: _____ Position/Title: _____
 Location (City & State): _____ Job Duties: _____
 Phone: _____
 Supervisor: _____ Salary: _____
 Dates Worked: ____ / ____ / ____ to ____ / ____ / ____ Reason for Leaving: _____
 May we contact this employer? yes no

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Please list any other job skills or qualifications you have:

PROFESSIONAL REFERENCES

Name	Relationship	City & State	Telephone

LEGAL

Are you a US citizen or do you have a legal right & necessary documents to work in the US? yes no
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986)
 Were you ever discharged by any company? yes no If yes, name of company(s): _____
 Reason for discharge: _____

CERTIFICATION OF APPLICANT

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information, may result in discharge.
 I understand that any employment relationship with this employer is 'at-will,' which means the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this 'at-will' employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by the owner(s), if a proprietorship, or the Board of Directors, if a corporation.

Signature of Applicant: _____ Date: _____



Date: _____

APPLICATION FOR EMPLOYMENT

Please completely fill out the application, even if you attach a résumé.

We are an equal opportunity employer.

PERSONAL INFORMATION

Last Name:		First Name:			Middle Initial:	
Current Address:		City:	State:	Zip:	Years At Address:	
Most Recent Previous Address:		City:	State:	Zip:	Years At Address:	
Home Phone:		Cell Phone:		Email Address:		
Emergency Contact Name:		Address:		Telephone (Work):	Telephone (Home):	

WORK INFORMATION

Is This Your First Job? yes <input type="checkbox"/> no <input type="checkbox"/>	Are you 18 or older? yes <input type="checkbox"/> no <input type="checkbox"/>	How did you hear about jobs at Pizza Joe's? <input type="checkbox"/> referred by friend <input type="checkbox"/> walked in <input type="checkbox"/> sign <input type="checkbox"/> referred by Pizza Joe's employee <input type="checkbox"/> newspaper ad <input type="checkbox"/> other: _____		
What interested you in Pizza Joe's? _____				
What position are you applying for? _____ full time <input type="checkbox"/> part time <input type="checkbox"/>				
Have you ever been employed by Pizza Joe's? yes <input type="checkbox"/> no <input type="checkbox"/>		If yes, what location? Dates: from ____ / ____ / ____ to ____ / ____ / ____		
Do you have any ongoing obligations or other personal commitments that would affect your work schedule? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please explain: _____				
Are you restricted to working: Certain hours? yes <input type="checkbox"/> no <input type="checkbox"/> ----> If yes, list hours available: _____ Certain days? yes <input type="checkbox"/> no <input type="checkbox"/> ----> If yes, circle days available: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.				
If requested, would you be willing to take a drug/alcohol screening exam as a condition of employment? yes <input type="checkbox"/> no <input type="checkbox"/>				

EDUCATION

	School Name	City & State	Diploma or Degree
High School			
College			
Other			

U.S. MILITARY SERVICE	Branch of Service	Technical Specialization	Rank Attained