



# 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: \_\_\_\_\_