



# EMPLOYMENT

# APPLICATION

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

(city/ST/zip) \_\_\_\_\_

County \_\_\_\_\_

DOB: \_\_\_\_\_

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

Position Applying for: \_\_\_\_\_

What hours can you work? (circle) 11:00 am – 5:00 pm or 5:00 pm to closing (**Must be able to work weekends**)

What days can you work? (circle) M-T-W-Th-F-Sat-Sun

Any pizza experience? No Yes If yes, When? \_\_\_\_\_

Where? \_\_\_\_\_

What? \_\_\_\_\_

Name, phone number and dates of present or last employer. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor and phone number: \_\_\_\_\_

List other previous employment with same information

\_\_\_\_\_

References with phone number (List two)

1) \_\_\_\_\_

2) \_\_\_\_\_

In case of emergency contact:

Do you have any physical or mental impairment that could endanger others under any circumstance? No Yes If yes please explain: \_\_\_\_\_

Under any medication? No Yes (If yes please explain) \_\_\_\_\_

Have you ever been convicted of a felony including DWI No Yes (If yes please explain on back of form)

**ANY FALSE OR MATERIAL STATEMENTS WHICH ARE INCOMPLETE SHALL BE GROUNDS FOR TERMINATION OF EMPLOYMENT**

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

## DRIVER APPLICANTS

Current driver record must be attached Currently any points? No Yes If yes please explain \_\_\_\_\_

I understand that I must have liability insurance while driving for Pizza Hotline and that the company is not responsible for any damage to my vehicle under any circumstance.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_