



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME:		DATE:	
ADDRESS:		SOCIAL SECURITY NUMBER:	
CITY:	STATE:	ZIP:	PHONE:
DATE OF BIRTH:	ARE YOU 18 YEARS OLD	YES	NO

IN CASE OF EMERGENCY NOTIFY:

NAME:		RELATIONSHIP:	
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:

EMPLOYMENT INFORMATION

POSITION DESIRED:	SALARY DESIRED:
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING THIS JOB?	
IS THERE ANYTHING YOU WOULD NEED TO ACCOMMODATE YOU TO PERFORM THIS JOB?	
WHAT DAYS AND HOURS CAN YOU WORK?	
NUMBER OF HOURS YOU WISH TO WORK PER WEEK:	ALL EMPLOYEES MUST WORK AT LEAST ONE WEEKEND NIGHT

OCCASIONALLY, WE ADMINISTER RANDOM DRUG TESTING PRIOR TO AND DURING EMPLOYMENT

WHO REFERRED YOU TO PIZZA PRO?			
EMPLOYMENT AGENCY:	ACQUAINTANCE:	NEWSPAPER AD:	WALK-IN:
COLLEGE PLACEMENT SERVICE:	OTHER:		

HAVE YOU EVER WORKED FOR PIZZA PRO:	YES	NO	WHERE:
NAME OF SUPERVISOR:	WHEN:		

DO YOU HAVE ANY PREVIOUS PIZZA OR RESTAURANT EXPERIENCE?	YES	NO
WHERE:	WHEN:	

LIST THREE (3) PERSONS NOT RELATED TO YOU WITH WHOM YOU HAVE BEEN ACQUAINTED FOR AT LEAST ONE (1) YEAR

NAME	ADDRESS	BUSINESS	PHONE

TYPE OF AUTO YOU OWN:	YEAR:	MAKE:	MODEL:
DRIVER'S LICENSE #:		STATE:	EXPIRATION DATE:
AUTO LICENSE #:		STATE:	EXPIRATION DATE:
INSURANCE COMPANY:		AGENT'S NAME:	
POLICY #:		EXPIRATION DATE:	
LIABILITY LIMITS:		BODY INJURY LIMITS:	

RECORD OF EMPLOYMENT

ARE YOU PRESENTLY EMPLOYED:	YES	NO
BUSINESS NAME:		
SUPERVISOR'S NAME:	PHONE #:	
STARTING DATE:	STARTING SALARY:	PRESENT SALARY:
DUTIES:		
IF HIRED BY PIZZA PRO ARE YOU PLANNING ON LEAVING THIS EMPLOYMENT?	YES	NO

PREVIOUS EMPLOYER

BUSINESS NAME:			
SUPERVISOR'S NAME:	PHONE #:		
STARTING DATE:	STARTING SALARY:	ENDING DATE:	ENDING SALARY:
DUTIES:			
REASON FOR LEAVING:	MAY WE CALL:	YES	NO

BUSINESS NAME:			
SUPERVISOR'S NAME:	PHONE #:		
STARTING DATE:	STARTING SALARY:	ENDING DATE:	ENDING SALARY:
DUTIES:			
REASON FOR LEAVING:	MAY WE CALL:	YES	NO

IN STORE USE

REMARKS: