



Application for Employment with Pizzeria Piccola.
 WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 but less than 70 years of age, or because of a handicap.

NAME LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE PHONE NUMBER

What position are you applying for? _____ Date you can start _____ Salary Desired \$ _____

Are you applying for:

Full-time _____ Part-time _____ Temporary _____ Days Only _____ Nights Only _____ Days/Nights _____

Have you ever been convicted of a felony? If yes, please explain.

If one of our current employees encouraged you to apply for work here, give their name.

Are you related to anyone in this establishment, give name.

EDUCATION

SCHOOL NAME & ADDRESS OF SCHOOL	EDUCATION COMPLETED	GRADUATE?
HIGH SCHOOL _____	GRADE _____ YEAR _____	YES NO
COLLEGE/UNIVERSITY _____	GRADE _____ YEAR _____	YES NO
OTHERS _____	GRADE _____ YEAR _____	YES NO

MILITARY SERVICE SCHOOLS ATTENDED: _____

WAR VETERAN: YES/ NO BRANCH _____ FROM (DATE) _____

LIST ANY RESTAURANT WORK YOU HAVE EXPERIENCE WITH

Please indicate below what days/shifts you are NOT available to work (you may specify times in the box)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

REFERENCES

(Please provide the names of three persons not related to you whom you have known for at least one year.)

1. NAME _____ PHONE NUMBER _____ RELATIONSHIP _____

2. NAME _____ PHONE NUMBER _____ RELATIONSHIP _____

3. NAME _____ PHONE NUMBER _____ RELATIONSHIP _____

Address

Phone

May we contact for a reference? YES NO

Date Left

Salary

Job Duties

Reason for Leaving

2. Company Name

Your Position

Immediate Supervisor

Date Started

Salary

Address

Phone

May we contact for a reference? YES NO

Date Left

Salary

Job Duties

Reason for Leaving

3. Company Name

Your Position

Immediate Supervisor

Date Started

Salary

Address

Phone

May we contact for a reference? YES NO

Date Left

Salary

Job Duties

Reason for Leaving

Have you ever applied or worked for any of our restaurants before? ____ Yes ____ No

If yes, Location? _____

When _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY - (Name, Phone, Relationship to you)

#1 Contact: _____

#2 Contact: _____

1. I do hereby authorize the investigation of all statements contained in this application for employment.

2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on the truthful answers to the foregoing inquiries.

3. I authorize any former employer, person, firm, corporation, school, or government agency to release any and all Information concerning my former employer to my prospective employer. I understand that the information may include, but not limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment. I recognize that a copy of the authorization and release is valid as the original and should be considered as such.

4. I have read these statements and answers to these inquiries. ____ Yes ____ No

Applicant Signature

Date of Application