

THE LOOP

pizza grill

APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION (Please Print)

VALID FOR 90 DAYS

Drivers License # (If applicable) _____

Name _____ Social Security# _____
Last First Middle Initial

Address _____ Telephone#() _____ How Long? _____

Former Address _____ How Long? _____

Position applied for: _____ Salary desired: _____

Available for work: Date: _____ Are you available to work overtime? () Yes () No State age if under 18 _____

Do you want: () Full Time () Part Time (preferred days and hours) _____ () Temporary

Referred Source: () Ad () Agency () Friend/Relative () Walk-in () Other _____

Have you ever applied or been employed by this Company? () Yes () No. If yes, please list job(s) and date(s) _____

List any friends or relatives currently employed by this Company _____

EMPLOYMENT DATA: Begin with your present or last job and state experience over the past (5) years.

Include military assignments, part-time and/or volunteer activities. Attach a separate sheet if necessary.

Are you employed now? () Yes () No If yes, may we contact your present employer? () Yes () No

If no, explain why _____

Company Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor and Title	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor and Title	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor and Title	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

EDUCATION

School	Name and Address	Course of Study	No. of Yrs. Completed	Degree/Diploma
High	_____			
College	_____			
Other	_____			

Are there any other experiences, skills or qualifications which you feel would equip you to work for this Company? _____

List any professional organization/activities relevant to the position for which you are applying: _____

Only U.S. citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? () Yes () No

Are you a veteran of the U.S. Military Service? () Yes () No If yes, name branch _____

Have you ever been convicted of or pled no contest to an offense other than a minor traffic violation? () Yes () No (Do not include convictions while a minor.) If so, state the nature of the offense(s), date(s), city and state and disposition. A conviction or plea record is not an automatic bar to employment and the nature, recency, disposition of an offense, and other factors deemed relevant by the employer will be considered as it relates to the job for which you are applying.

Person to be notified in case of an emergency	
Name	Relationship
_____	_____

Address	Telephone Number
_____	_____

NOTICE TO APPLICANTS: Our Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I understand that misrepresentation, omission of facts, or incomplete information requested, may result in my not being considered for employment.

I certify all statements given herein are true and complete and if employed, understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment as may be necessary in arriving at an employment decision. I hereby release the Company, and all persons and organizations, from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that I am required to abide by all rules and regulations of the Company, and that my offer of employment may be contingent upon successfully passing a drug screen and other screens. After a conditional job offer, I may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. I understand that if I am employed I will be subject to a 90 day introductory period.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at anytime. I further understand that no oral promise, Employer policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

Signature of Applicant _____ Date _____