



Application for Employment

We consider applicants for all positions without discrimination on account of race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other legally protected categories.

Date _____ Position Applying For _____

Personal Information

Name _____ Social Security # _____
Last First Middle

Address _____ Phone (____) _____
Street City State Zip

Are you at least 18 years of age? _____ If under 18 years of age, can you obtain a work permit? _____

Date Available to Start _____

Do you have the legal right to remain and work in the United States? Yes _____ No _____

After employment, can you submit proof of citizenship or legal entry into this county? Yes _____ No _____

How were you referred to this company? Online _____ Relative _____ Friend _____ Other _____

Have you ever applied before? Yes _____ No _____ If yes, when? _____ Where? _____

Names of friends and relatives working for this company: _____

Languages spoken: English Spanish Bilingual Other _____

Availability

Total Weekly Hours Desired _____ Wage Expected _____

How will you get to work? _____

List hours available for work:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Education

Circle last grade completed:

Grade: 5 6 7 8

High School: 9 10 11 12 G.E.D.

College: 1 2 3 4

Name and address of last school attended _____

Special skills or training that would qualify you for this position _____

Hobbies and interests _____

Employment History

(If not applicable, list voluntary work performed or personal references.)

1) Employer _____ Address _____ City _____ State ____ Zip _____

Supervisor's Name _____ Supervisor's Phone Number (____) _____

Describe Duties _____

Reason for leaving _____

Period Employed: From _____ To _____ May we contact? Yes / No

2) Employer _____ Address _____ City _____ State ____ Zip _____

Supervisor's Name _____ Supervisor's Phone Number (____) _____

Describe Duties _____

Reason for leaving _____

Period Employed: From _____ To _____ May we contact? Yes / No

Medical Information

Restaurant work requires the ability to stand for long periods of time, work around others in close quarters, lifting, bending, reaching, and working with various cleaning products.

Do you have any physical condition which may limit your ability to perform the job applied for?

Yes ____ No ____ If yes, explain _____

Amount of weight you can easily lift _____

In emergency, notify _____
Name Address Phone

I certify that I have personally completed and read this application in its entirety. I authorize investigation of all statements contained in this application form if I am considered for employment, and hereby authorize all previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may not be on their records.

I understand that misrepresentation or omission of the facts called for hereon or receipt of unsatisfactory references will be sufficient cause for dismissal from the company's service if I shall have been employed.

I further understand that if I shall be employed, my employment will be on a probationary basis and either of us may terminate our work relationship during the probationary period for any reason. I may be discharged at any time for my inability to adapt myself to the requirements and duties of my employment.

I acknowledge that Toppers Pizza Place reserves the right to amend or modify any of its handbooks or policies without prior notice.

I hereby agree to submit to any drug test required of me, either prior to my employment, or if employed by this company at any time thereafter.

Date _____ Applicant's Signature _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Store _____ Interview Date _____ Interviewed By _____

References checked by _____ Person Contacted _____

To Start _____ Wage _____ Position _____

Hire Date _____

Employment Status:

Variable Hour

Full-Time Prior authorization required from Supervisor.

Authorized by _____