



## Little Italy Pizza

# Job Application

Thank you for considering Little Italy Pizza as a potential employer. In order for us to determine if your skills, experience and interests are a good match for any of our current openings, please fill out the application below completely. Do not leave any spaces blank. Do not write "see attachment." If it looks like your qualifications meet the requirement of an open position, we will call you at the number and time you list below within a few days.

This employment application is only active for 60 days. After this time a separate employment application must be submitted in order to be considered for employment.

### Personal Information

*please print clearly*

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How did you find out about this job?  Newspaper  Referral  Other \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work?  Yes  No What is it? \_\_\_\_\_

Minimum salary expected \_\_\_\_\_ Are you at least 18 years old?  Yes  No

Do you have a Maricopa county Food Handler's card? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No (Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a crime?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places.  
(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

\_\_\_\_\_  
\_\_\_\_\_

### Employment Data

Are you seeking:  Temporary  Full-time  Part-time What position(s) are you applying for? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

What hours and shift(s) would you prefer not to work? \_\_\_\_\_

Please indicate any shift(s) you would not be available to work. \_\_\_\_\_

Are you willing to work overtime?  Yes  No Weekends?  Yes  No Holidays?  Yes  No

Are you currently employed?  Yes  No If hired, when would you be able to start? \_\_\_\_\_

Would you be willing to take a drug test?  Yes  No \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No

Have you ever been discharged or asked to resign from any position?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many days have you missed from school or work in the last year other than approved vacation, sick or disability leave? \_\_\_\_\_

How many days have you been late to school or work in the last year other than approved vacation, sick or disability leave? \_\_\_\_\_

**Education** (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11 12 G.E.D	College: 1 2 3 4 5 6 7 8
Name of School: _____	Name of School: _____	Name of School: _____
Location of School: _____	Location of School: _____	Location of School: _____
If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree & Major: _____
If yes, identify program and school: _____		Minor: _____

**Military Service**

Are you a veteran?  Yes  No If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_  
List any special skills or training: \_\_\_\_\_

**Work History** (Please list your last four employers. Begin with the most recent.)

1. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
2. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
3. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
4. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_



May we contact all of the employers listed above?  Yes  No If not, tell us which one(s) you do not wish us to contact and why:

---

---

---

---

How many jobs have you had in the last five years that are not listed above? \_\_\_\_\_

Why are you seeking a new position at this time? \_\_\_\_\_

List any business-related outside interests and organizations you're active in: \_\_\_\_\_

**Please read the following carefully, then sign and date the application.**

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

**I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read, understand, and agree to the above.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Check over the foregoing application to make sure it is complete and signed.***