



# APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYMENT)

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 LAST FIRST MIDDLE  
 ADDRESS \_\_\_\_\_  
 NUMBER STREET CITY STATE ZIP  
 SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO SECONDARY PHONE NUMBER: \_\_\_\_\_ EMERGENCY NO. \_\_\_\_\_

## JET'S PIZZA

POSITION APPLIED FOR \_\_\_\_\_ LOCATION \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_  
 DO YOU DESIRE TO WORK: ☐ FULL TIME ☐ PART TIME DATE YOU CAN START \_\_\_\_\_  
 ARE YOU AVAILABLE TO WORK: ☐ DAYS ☐ EVENINGS ☐ WEEKENDS  
 NOTE ANY EXCEPTIONS TO ABOVE: \_\_\_\_\_

OTHER JET'S LOCATIONS YOU WOULD COMMUTE TO: \_\_\_\_\_  
 HAVE YOU EVER WORKED FOR JETS BEFORE: ☐ YES ☐ NO  
 IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_ SUPERVISOR? \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

WHO REFERRED YOU TO JET'S? ☐ FRIEND ☐ SIGN/WALK IN ☐ NEWSPAPER AD ☐ EMPLOYMENT AGENCY  
☐ PLACEMENT SERVICE ☐ JET'S EMPLOYEE: ☐ OTHER

DESCRIBE YOUR CAREER GOALS: \_\_\_\_\_

## EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME CITY/STATE:			
YEARS COMPLETED (CIRCLE):	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS	<input type="checkbox"/> MASTER <input type="checkbox"/> DOCTORATE
DESCRIBE COURSE OF STUDY:			
DESCRIBE ANY SPECIALIZED SKILLS AND EXTRA CURRICULAR ACTIVITIES			

HONORS RECEIVED \_\_\_\_\_

## SERVICE RECORD

HAVE YOU EVER SERVED IN THE ARMED FORCES? ☐ YES ☐ NO BRANCH: \_\_\_\_\_  
 RANK \_\_\_\_\_ YEARS OF SERVICE \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_  
 PRESENT MEMBER OF NATIONAL GUARDS OR RESERVES: ☐ YES ☐ NO DATE OBLIGATION ENDS: \_\_\_\_\_

## PERSONAL REFERENCES

LIST THREE INDIVIDUALS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PROFESSION	PHONE NO.	RELATIONSHIP	YEARS AQUAINTED

## PREVIOUS EMPLOYMENT

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO IF YES, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? \_\_\_\_\_

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? \_\_\_\_\_

DATE EMPLOYED		LAST/CURRENT EMPLOYER	
FROM	TO	DESCRIPTION OF WORK	
		ADDRESS	
		MAY WE CONTACT YOUR PRESENT EMPLOYER & SUPERVISOR?	SUPERVISOR'S NAME
HOURLY RATE/SALARY		REASON FOR LEAVING? _____	
START	FINAL		

DATE EMPLOYED		EMPLOYER	
FROM	TO	DESCRIPTION OF WORK	
		ADDRESS	
		MAY WE CONTACT YOUR PRESENT EMPLOYER & SUPERVISOR?	SUPERVISOR'S NAME
HOURLY RATE/SALARY		REASON FOR LEAVING? _____	
START	FINAL		

DATE EMPLOYED		EMPLOYER	
FROM	TO	DESCRIPTION OF WORK	
		ADDRESS	
		MAY WE CONTACT YOUR PRESENT EMPLOYER & SUPERVISOR?	SUPERVISOR'S NAME
HOURLY RATE/SALARY		REASON FOR LEAVING? _____	
START	FINAL		

## ADDITIONAL INFORMATION

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD PRECLUDE YOU FROM PERFORMING THE WORK FOR WHICH YOU ARE BEING CONSIDERED? ☐ YES ☐ NO

IF YES, PLEASE INDICATE WHAT, IF ANYTHING, CAN BE DONE TO ACCOMMODATE YOUR LIMITATION:

IS THERE ANY OTHER RELEVANT INFORMATION YOU WOULD LIKE TO REVEAL TO US?

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if falsified, statements on this application shall be sufficient cause for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment (except as otherwise noted) and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the Employee Right to Know Act. I further agree to submit to any legally permissible physical examination that may be required as part of the hiring process or thereafter by the Company (including any comprehensive drug screening, testing and analysis the Company deems appropriate). I further agree to conform to all applicable rules and regulations of the Company.

I understand and agree that, if hired, my employment can be terminated for any reason with or without cause and with or without notice, at any time, at the option of either the Company or myself. I further understand that no store manager or representative of Jet's other than the President of the Company has any authorization whatsoever to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing."

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE -- FOR USE OF JET'S MANAGEMENT ONLY**

EMPLOYMENT REFERENCES VERIFIED ☐ #1 ☐ #2 ☐ #3 PERSONAL REFERENCES CONTACTED ☐ #1 ☐ #2 ☐ #3

HIRE: ☐ YES ☐ NO DATE OF OFFER: \_\_\_\_\_ DATE OF ACCEPTANCE: \_\_\_\_\_

POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_ WAGE: \_\_\_\_\_ DATE REPORTING: \_\_\_\_\_

HIRE BY: \_\_\_\_\_ ☐ IN PERSON ☐ VIA PHONE APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_