

# Application for Employment

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      MI                      Other Names/Maiden/Nicknames

\_\_\_\_\_  
Street / PO Box                      Apt #                      City                      State                      Zip Code

\_\_\_\_\_  
Home Phone                      Cell Phone                      Emergency Contact                      and                      Phone Number

## Personal Information

Are you over 18 years old?   Y / N                      Are you a citizen or authorized to work in the United States?   Y / N

Have you ever been employed with this Company or Primetime Pizza?   Y / N

If yes, when ( \_\_\_\_\_ to \_\_\_\_\_ ) and where \_\_\_\_\_

What prompted you to work here?   \_\_\_ Company Image   \_\_\_ friend   \_\_\_ referral   \_\_\_ advertisement   \_\_\_ other

## Education

	Location	Completed (Y/N)	Major/Minor
High School			
Technical/Vocational			
College/University			
Honor received/ Other			

## References

Please list three professional references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

**Availability for work**

Date you can start work: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available Time							
Unavailable Time							

Please list any restrictions you may have that would alter this schedule over the next twelve (12) months:

\_\_\_\_\_

**Vehicle Information** (fill out this section only if you are applying for driver position)

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_ Expiration / Renewal Date \_\_/\_\_\_\_/

Insurance Company \_\_\_\_\_ Amount of Liability Coverage \_\_\_\_\_

Policy Expiration Date \_\_/\_\_\_\_/ \_\_\_\_\_ Policy # \_\_\_\_\_

List all traffic violations within the last 3 years including dates and penalty. (Exclude parking violations)

Violation \_\_\_\_\_, Date \_\_/\_\_\_\_/ \_\_\_\_\_ Penalty \_\_\_\_\_

Violation \_\_\_\_\_ Date \_\_/\_\_\_\_/ \_\_\_\_\_ Penalty \_\_\_\_\_

**Experience**

	Most recent	Previous	Previous
Employer			
Address / Location <i>city/state/zip</i>			
Dates employed	/	/	/
Position held			
Supervisors Name			
Phone Number			
Wage Began/Ended	/		/
General duties			
May we contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			

I present that the above information, and any other information I may be required to provide is complete and accurate. I understand that any misstatement and omission may result in rejection of my application or termination of employment. I authorize Odd Moe's Pizza LLC to conduct at its discretion any felony conviction and/or motor vehicle record researches. I authorize my references and any state or local agency to release any information they may have regarding me as to it pertains to Odd Moe's Pizza LLC and release any parties from any liability for requesting and/or providing such information. I agree that if I am hired, my employment may be terminated at any time for any reason without any notice by Odd Moe's Pizza LLC. I agree to keep all confidential information I learn about Odd Moe's Pizza LLC by virtue of my employment with Odd Moe's Pizza LLC and shall not disclose any and all information to use for my own personal gain or benefit for any third party.

Signature \_\_\_\_\_

Date \_\_\_\_\_