Application for Employment



Statement of Values

Dear Applicant:

Welcome to Pizza @! Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.
- We believe that everyone is restaurant critic.
- We like to work hard, have fun and smile, smile, smile.

If this feels like an environment for you, please complete the application.

Pizza@ USA 04/17

Pizza @- Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for			Date _	1 1	
How did you find out about this job?	Newspaper □ Employee	□ Walk-in □ Relative	Other _		
Why are you seeking a new job at th	is time?				
Applicant Informat	ion				
First Name	Middle		Last		
Street Address	So	ocial Security No			
City/State/Zip		Phone (_)		
If hired, do you have a reliable mean	s of transportation to get to wor	k? Des	cribe		
Are you at least 18 years old?	If you are under 18 years of	age, can you furnish a wo	ork permit? _	_	
If the job you are applying for require Are you legally eligible for employn Have you been convicted of a crime? (I clude marijuana-related convictions that offense and disposition of the case. Include	Massachusetts applicants should no occurred more than 2 years prior to	oof of U.S. citizenship or in ot include misdemeanor converte the application date.)	mmigration solutions; Califordictions; Califordictions	tatus is required if h ornia applicants shoul If yes, state the natu	hired.) Id not in ure of th
Are you a veteran? List any special skills or training:					
Employment Inform	nation				
Are you seeking full time, part time					
What hours and shift(s) would you p	refer to work?				
List times you are not available to w	ork?				
Are you willing to work overtime?	Weekends?	Holidays?			
Are you currently employed?	If hired, when would you	ı be able to start?		_	
Have you ever worked for this organ	ization before? If y	yes, name used:		_	
List any friends or relatives employe	d by this company:				
Have you ever been discharged or as	ked to resign from any position	? If yes, please	e describe: _		

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ease	describe:			
Ξd	ucation (circle highest level achieved)			
ddl	Secondary: e School: 1 2 3 4 5 6 7 8	9 10 11 12 G.E.D	College: 1 2 3 4 5 6 7 8	
ame of School:Name of School:		and N	Name of School:	
			Location of School:	
cation of School:Location of School: n high school, are you enrolled in a recognized co-op program? □ Ye				
			Degree & Major:	
es,	identify program and school:	N	Minor:	
1.	Ork History (please begin with most recent) Company		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 C	Phone No. with Area Code ()	
	Address	City/State/Zip	City/State/Zip	
	Dates of Employment: From To	Salary: Beginning	Salary: Beginning Ending	
	Job Title	Supervisor's Name &	Supervisor's Name & Title	
	Describe duties briefly:			
	Specific reason for leaving:			
3.	Company	Phone No. with Area C	Phone No. with Area Code ()	
			City/State/Zip	
			Salary: Beginning Ending	
	Job Title			
	Describe duties briefly:			
	Specific reason for leaving:			
4.	Company			
	Address			
	Dates of Employment: From To			
	Job Title Describe duties briefly:			
	Describe diffies briefly:			

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May we contact the employers listed above? If not, list the employers you do not wish us to contact and why:
Authorizations & At-Will Employment Agreement
(please read carefully, then sign and date below)
I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.
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.
AT-WILL EMPLOYMENT AGREEMENT I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.
Signature Date
Name (please print)