HIDEAWAY PIZZA

Employment Application

PLEASE PRINT CLEARLY AND FILL OUT ALL APPLICABLE BLANKS. FILL THIS APPLICATION OUT IN THE STORE AND LEAVE WITH A MANAGER.

PERSONAL INFORMATION

First Name:_____ Middle:_____ Last:_____ Friends Call Me:_____

Street Address:_____ Apt. #:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell/Pager:_____ E-Mail Address: _____

Do you have reliable transportation?:_____ How did you learn of this job? _____

Emergency Contact:_____ Phone:_____

It is unlawful to serve alcoholic beverages if you are under the age of 18.
Are you of legal age to serve alcoholic beverages? (O) **No** (O) **Yes**

Have you ever been convicted of a felony?: (O) **No** (O) **Yes** If yes, please explain:_____

EMPLOYMENT INFORMATION

Position(s) Desired:_____ Second Choice:_____ If hired, when could you start?_____

Number of hours per week you would like to work - minimum?:_____ maximum?:_____

What hours and shifts would you **PREFER** to work?_____

What hours and shifts would you **PREFER NOT** to work?_____

What hours and shifts would you be **UNAVAILABLE** to work?_____

Prefer long/short shifts?____ Can you work weekends?___ Have you worked for us before?___ Where & When?_____

Do you have any pizza or restaurant experience?____ Where & When?_____

_____

EMPLOYMENT HISTORY(Start with the most current employer)

Company:_____ Telephone:(____)_____

Address:_____ City:_____ State:_____ Zip:_____

Employment Dates - From:_____ To:_____ Weekly Salary - Beginning:_____ Ending:_____

Supervisor's Name:_____ Supervisor's Title:_____ May we contact supervisor?:_____

Your Job Title:_____ Responsibilities:_____

Reason for Leaving? (Be specific):_____

Company:_____ Telephone:(____)_____

Address:_____ City:_____ State:_____ Zip:_____

Employment Dates - From:_____ To:_____ Weekly Salary - Beginning:_____ Ending:_____

Supervisor's Name:_____ Supervisor's Title:_____ May we contact supervisor?:_____

Your Job Title:_____ Responsibilities:_____

Reason for Leaving? (Be specific):_____

Company:_____ Telephone:(____)_____

Address:_____ City:_____ State:_____ Zip:_____

Employment Dates - From:_____ To:_____ Weekly Salary - Beginning:_____ Ending:_____

Supervisor's Name:_____ Supervisor's Title:_____ May we contact supervisor?:_____

Your Job Title:_____ Responsibilities:_____

Reason for Leaving? (Be specific):_____

EDUCATION

High School:_____ Location:_____ Years Completed:_____ Graduated:_____

College:_____ Location:_____ Years Completed:_____ Graduated:_____

College:_____ Location:_____ Years Completed:_____ Graduated:_____

Other:_____ Location:_____ Years Completed:_____ Graduated:_____

Other Educational Experiences:_____

_____

PERSONAL REFERENCES (not relatives or former employers)

Name:_____ City:_____ State:____ Telephone:_____ Occupation:_____ Years Known:____

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ALMOST FINISHED!

Why are you interested in working for Hideaway?_____

_____

Which of your abilities do you feel will help Hideaway's business?_____

_____

What is integrity?_____

_____

What distinguishes a great employee from an average one?_____

_____

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I FURTHER AUTHORIZE ALL LISTED REFERENCES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON WITHOUT PRIOR NOTICE.

Signature:_____ Date:_____