



# Application for Employment

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

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a manager or owner.

Position(s) applied for \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (AGE)

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Have you ever been employed by Mama's before:  Y  N Are you legally eligible for employment in this country:  Y  N

Referred by:  Employment Agency  Acquaintance  Newspaper  Walk-in  Other \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time Date available for work: \_\_\_/\_\_\_/\_\_\_

Are you able to meet the attendance requirements of the position? .....  Yes  No

Have you been convicted of a crime in the last seven (7) years? .....  Yes  No

If yes, please explain \_\_\_\_\_

(CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING)

If driving is an essential function of your employment, please complete the following:

Vehicle: Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

*If employed, applicant agrees to supply Mama's Famous Pizza and Heros with a copy of his or her vehicle insurance policy. If for any reason the employee's vehicle insurance expires/lapses, the employee must notify Mama's Famous Pizza and Heros immediately in writing, as employer's insurance does not cover personal vehicles used by employees.*

## Employment History

Provide the following information for your past employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
		( )	
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE
		( )	
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE
		( )	
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	

## Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

## Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

## References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

Remarks:

For company use only.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_