



EMPLOYMENT APPLICATION

The Gourmet Pizza Shoppe takes pride in providing a unique pizza product to our customers in a clean, friendly and casual setting. Our goal is make every dining experience an enjoyable one, with prompt service and high quality food. Our employees are the key.

We are, therefore, always in need of motivated individuals who want to be a part of a fast paced, fun-filled work environment. We are looking for employees who are willing to make the extra effort needed ensure that each customer feels welcome and leaves satisfied.

If you would like to join our staff and work with us, please complete the attached application.

Thank you for your time and interest in joining our team.

Management.



Date: _____

Application for Employment
An Equal Opportunity Employer

Personal Information: please print in pen or type

Name: Last	First	Middle	Social Security Number
Address:	City	State	Zip
Home Phone:			Daytime / Message Phone:
Are you under the age of 18? Yes No	Can you submit proof of age? Yes No		
Emergency contact Name/Address/Phone:			

Employment Desired:

What type of work are you interested in?	Wage Desired?
Referred By?	Date available to start?
Are you currently employed? Yes No	If yes, may we contact current employer? Yes No
Availability: Mon: Tues: Wed: Thurs: Fri: Sat: Sun:	

General Information:

Have you ever worked for this company before? Yes No	If so, where? _____
Have you ever been convicted of a felony? Yes No	If yes, explain:
If hired, can you provide proof of eligibility to work in the United States prior to starting work? Yes No	

Educational History:

School	Name and Location	Major	Level or Years completed	Type of degree/certificate
High School				
College / Other				

Employment History : (Begin with most recent employer and list all jobs held in the last five years.)

From: mo yr	To: mo yr	Employers name and complete address: (Company name, Street No., City, State, Zip)
Starting &Ending Wage:	Your job title:	Supervisor: Phone #:
Description of Duties:		
Reason for Leaving:		May we contact? Yes No

From: mo yr	To: mo yr	Employers name and complete address: (Company name, Street No., City, State, Zip)
Starting &Ending Wage:	Your job title:	Supervisor: Phone #:
Description of Duties:		
Reason for Leaving:		May we contact? Yes No

From: mo yr	To: mo yr	Employers name and complete address: (Company name, Street No., City, State, Zip)
Starting &Ending Wage:	Your job title:	Supervisor: Phone #:
Description of Duties:		
Reason for Leaving:		May we contact? Yes No

Personal References: (Please note that it is a professional courtesy to request permission from individuals before listing them as references.)

Name	Occupation	Years Known	Phone Number

Please Read and Sign Below:

I HERBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FORM THE EMPLOYMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE COMPANY AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN E TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY.

I AGREE THAT WITHIN TWO WEEKS OF HIRING I WILL OBTAIN A FOOD HANDLERS PERMIT IN OCCORDANCE WITH THE SAN BERNADINO COUNTY HEALTH DEPARTMENT AND SHOW PROOF TO THE EMPLOYER.

Applicant's Signature: _____

Date: _____