

Leo's Pizzeria is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category applicable by federal, state or local laws.

How were you referred to us?

Position Applied For:

Name:

Telephone:

Email:

Address:

City/Town:

State:

Zip:

Type of Employment Desired: Part Time ☐ Full Time ☐ Seasonal ☐ Desired Salary/Hourly Rate:

Availability: Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

List any restrictions:

Have you ever been employed by this company? Yes ☐ No ☐ If Yes, include Dates, Which Locations and Reason for Separation:

Please list the information for your present and/or previous employers chronologically, beginning with the most recent employer

Business Name

Address

Type of Business

Telephone:

Dates Employed: From ___/___/___ To ___/___/___

Job Title:

Supervisor's Name:

May we Contact this employer? Yes ☐ No ☐ If no, Why not?

Starting rate of pay:

Final rate of pay:

Reason for Leaving:

If Resignation, how much notice was given?

If none, Explain:

Business Name

Address

Type of Business

Telephone:

Dates Employed: From ___/___/___ To ___/___/___

Job Title:

Supervisor's Name:

May we Contact this employer? Yes ☐ No ☐ If no, Why not?

Starting rate of pay:

Final rate of pay:

Reason for Leaving:

If Resignation, how much notice was given?

If none, Explain:

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Business Name	Address	Type of Business

Telephone: _____ Dates Employed: From ____/____/____ To ____/____/____ Job Title: _____

Supervisor's Name: _____ May we Contact this employer? Yes ☐ No ☐ If no, Why not? _____

Starting rate of pay: _____ Final rate of pay: _____ Reason for Leaving: _____

If Resignation, how much notice was given? _____ If none, Explain: _____

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Business Name	Address	Type of Business

Telephone: _____ Dates Employed: From ____/____/____ To ____/____/____ Job Title: _____

Supervisor's Name: _____ May we Contact this employer? Yes ☐ No ☐ If no, Why not? _____

Starting rate of pay: _____ Final rate of pay: _____ Reason for Leaving: _____

If Resignation, how much notice was given? _____ If none, Explain: _____

Driving Information (Complete only if driving is an essential function of the job for which you are applying)

Do you have a current valid driver's license? Yes ☐ No ☐ If Yes, License No.: _____ State: _____

Expiration Date: _____ Has your license ever been suspended or revoked? Yes ☐ No ☐

If Yes, Explain: _____

APPLICANT CERTIFICATION

I understand that if driving is a requirement of the requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount minimum required by the state where I reside.

I certify that all information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

If hired by this company, I understand that I will be required to furnish genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company.

Signature of Applicant: _____ Date: _____