

Leo's Pizzeria

Employment Application

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:

Business Name	Address	Type of Business
Telephone: _____	Dates Employed: From ___/___/___ To ___/___/___	Job Title: _____
Supervisor's Name: _____	May we Contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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: _____