

Application For Employment Date _____ Social Security # XXX-XX-_____

Name (Last, First, Middle) _____

Present Address _____

Phone Number (_____) _____ - _____ Referred By _____

Employment Desired-Position _____ Date You Can Start _____

Days you can Work. (circle) Mon Tues Wed Thurs Fri Sat Sun Days Nights

Are You Currently Employed? Y N If Yes, May we call on your current employer? Y N

Have you applied with this company before? Y N If yes, Where? When?

| Education | Name | When? | Graduate? | Area of Study? |
|------------------------------------|------|-------|-----------|----------------|
| High School | | | | |
| College | | | | |
| Vocational Trade or Business | | | | |

Subjects of Special Study _____ Languages(s) _____ (check) Write __ Speak __

Work History (List most current first)

| Date Month/Year | Employer Name and Address | Position | Reason for Leaving |
|-----------------|---------------------------|----------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| References | Name | Address | Business | Years Acquainted |
|------------|------|---------|----------|------------------|
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In Case of Emergency-Name _____ **Phone** _____

I authorize investigation of all statements contained in this application. I understand that misrepresentaion or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definate period. And may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. Amadeo's Pizza is an equal opportunity employer. We maintain a work environment free from discrimination based on race, color, religious creed, national origin, gender, sexual orientation, age, disability, genetic information, veteran/military status, marital status or other status protected by federal or state law, with regard to any term or condition of employment. By signing this application I agree that all facts stated herein are truthful and agree that deception of these facts may result in termination of employment.

Signature _____ **Date** _____