



APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

**** PLEASE PRINT CLEARLY ****

POSITION(S) APPLIED FOR _____ DATE ____ / ____ / ____

HOW DID YOU FIND OUT ABOUT THIS JOB? NEWSPAPER EMPLOYEE WALK-IN RELATIVE OTHER

WHY ARE YOU SEEKING A NEW JOB AT THIS TIME? _____

APPLICANT INFORMATION

FIRST NAME _____ MIDDLE _____ LAST _____

STREET ADDRESS _____

CITY/STATE/ZIP _____ PHONE (____) _____

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? _____ (PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED IF HIRED.)

HAVE YOU BEEN CONVICTED OF A CRIME? YES NO IF YES, STATE THE NATURE OF THE OFFENSE AND DISPOSITION OF THE CASE. INCLUDE DATES AND PLACES. (NOTE: THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.)

ARE YOU A VETERAN? _____ IF YES, GIVE DATES OF SERVICE: FROM _____ TO _____

EMPLOYMENT INFORMATION

ARE YOU SEEKING FULL TIME, PART TIME OR TEMPORARY EMPLOYMENT? _____

WHAT HOURS AND SHIFT(S) WOULD YOU PREFER TO WORK? _____

LIST TIMES YOU ARE NOT AVAILABLE TO WORK. _____

ARE YOU WILLING TO WORK OVERTIME? _____ WEEKENDS? _____ HOLIDAYS? _____

ARE YOU CURRENTLY EMPLOYED? IF HIRED, WHEN WOULD YOU BE ABLE TO START? _____

HAVE YOU EVER WORKED FOR THIS ORGANIZATION BEFORE? IF YES, NAME USED: _____

LIST ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY: _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? _____ IF YES, PLEASE DESCRIBE: _____

EDUCATION (CIRCLE HIGHEST LEVEL ACHIEVED)

SECONDARY: 9 10 11 12 G.E.D

NAME OF SCHOOL: _____

LOCATION OF SCHOOL: _____

IF IN HIGH SCHOOL, ARE YOU ENROLLED IN A RECOGNIZED CO-OP PROGRAM? YES NO

IF YES, IDENTIFY PROGRAM AND SCHOOL: _____

COLLEGE: 1 2 3 4 5 6 7 8

NAME OF SCHOOL: _____

LOCATION OF SCHOOL: _____

DEGREE & MAJOR: _____

MINOR: _____

WORK HISTORY (PLEASE BEGIN WITH MOST RECENT)

1. COMPANY _____ PHONE NO. WITH AREA CODE (_____)
ADDRESS _____ CITY/STATE/ZIP _____
DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: BEGINNING _____ ENDING _____
JOB TITLE _____ SUPERVISOR'S NAME & TITLE _____
DESCRIBE DUTIES BRIEFLY: _____
SPECIFIC REASON FOR LEAVING: _____
2. COMPANY _____ PHONE NO. WITH AREA CODE (_____)
ADDRESS _____ CITY/STATE/ZIP _____
DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: BEGINNING _____ ENDING _____
JOB TITLE _____ SUPERVISOR'S NAME & TITLE _____
DESCRIBE DUTIES BRIEFLY: _____
SPECIFIC REASON FOR LEAVING: _____
3. COMPANY _____ PHONE NO. WITH AREA CODE (_____)
ADDRESS _____ CITY/STATE/ZIP _____
DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: BEGINNING _____ ENDING _____
JOB TITLE _____ SUPERVISOR'S NAME & TITLE _____
DESCRIBE DUTIES BRIEFLY: _____
SPECIFIC REASON FOR LEAVING: _____
4. COMPANY _____ PHONE NO. WITH AREA CODE (_____)
ADDRESS _____ CITY/STATE/ZIP _____
DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: BEGINNING _____ ENDING _____
JOB TITLE _____ SUPERVISOR'S NAME & TITLE _____
DESCRIBE DUTIES BRIEFLY: _____
SPECIFIC REASON FOR LEAVING: _____
5. COMPANY _____ PHONE NO. WITH AREA CODE (_____)
ADDRESS _____ CITY/STATE/ZIP _____
DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: BEGINNING _____ ENDING _____
JOB TITLE _____ SUPERVISOR'S NAME & TITLE _____
DESCRIBE DUTIES BRIEFLY: _____
SPECIFIC REASON FOR LEAVING: _____

FOR REFERENCES PURPOSES: HAVE YOU WORKED FOR ANY OF THESE ORGANIZATIONS OR ATTENDED SCHOOL UNDER A DIFFERENT NAME?

IF YES, GIVE NAME AND ORGANIZATION(S) _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, LIST THE EMPLOYERS YOU DO NOT WISH US TO CONTACT AND WHY:

PLEASE STATE YOUR REASONS FOR SEEKING EMPLOYMENT WITH TWILIGHT PIZZA BISTRO AND LIST ANY SPECIAL SKILLS, EXPERIENCE AND/OR QUALIFICATIONS THAT YOU FEEL WILL HELP YOU IN THE POSITION YOU ARE SEEKING: _____

AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT

(PLEASE READ CAREFULLY, THEN SIGN AND DATE BELOW.)

I CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE. I AGREE TO IMMEDIATELY NOTIFY THIS COMPANY IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING OR DURING MY EMPLOYMENT, IF HIRED.

I AUTHORIZE THIS COMPANY TO MAKE AN INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS EMPLOYMENT APPLICATION AND I RELEASE FROM LIABILITY ALL COMPANIES AND CORPORATIONS SUPPLYING SUCH INFORMATION. I UNDERSTAND ANY FALSE ANSWERS, STATEMENTS, OR IMPLICATIONS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE.

I SPECIFICALLY AUTHORIZE AND DIRECT MY CURRENT AND FORMER EMPLOYERS TO SUPPLY EMPLOYMENT-RELATED INFORMATION TO THIS COMPANY AND DO HEREBY RELEASE MY CURRENT AND FORMER EMPLOYERS FROM LIABILITY FOR PROVIDING INFORMATION TO THIS COMPANY.

UPON TERMINATION OF MY EMPLOYMENT FOR WHATEVER REASON, I RELEASE THIS COMPANY FROM ALL LIABILITY FOR SUPPLYING ANY INFORMATION CONCERNING MY EMPLOYMENT TO ANY POTENTIAL EMPLOYER.

I AUTHORIZE THIS COMPANY, IF APPLICABLE, TO REQUEST A COPY OF MY CREDIT REPORT, MOTOR VEHICLE DRIVING RECORD, AND ANY OTHER INVESTIGATIVE REPORT DEEMED NECESSARY THROUGH VARIOUS THIRD PARTY SOURCES. AS REQUIRED BY LAW, UPON REQUEST WITHIN A REASONABLE PERIOD OF TIME, I WILL BE NOTIFIED AS TO THE NATURE AND SCOPE OF SUCH INVESTIGATIONS.

I HEREBY AGREE TO SUBMIT TO ANY DRUG TEST REQUIRED OF ME, WHETHER PRIOR TO MY EMPLOYMENT OR IF EMPLOYED BY THIS COMPANY AT ANY TIME THEREAFTER. IF REQUESTED, I WILL TAKE A POST-JOB OFFER PHYSICAL EXAMINATION AND MY EMPLOYMENT, IN THE EVENT I RECEIVE MEDICAL TREATMENT FOR ANY CONDITION, INCLUDING A PHYSICAL, PSYCHOLOGICAL, EMOTIONAL, OR PSYCHIATRIC CONDITION THAT IS JOB-RELATED, I HEREBY AUTHORIZE THE LIMITED RELEASE AND EXCHANGE OF SUCH MEDICAL INFORMATION RELATING TO MY CONDITION BETWEEN THE TREATMENT PROVIDER AND A COMPANY-DESIGNATED PHYSICIAN.

AT-WILL EMPLOYMENT AGREEMENT

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND ME. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT AND COMPENSATION WILL BE AT-WILL, FOR NO DEFINITE PERIOD OF TIME, AND MAY BE TERMINATED AT ANY TIME, FOR ANY REASON, OR FOR NO REASON AT ALL. I UNDERSTAND THAT ONLY THE COMPANY OWNERS ARE AUTHORIZED TO CHANGE THE EMPLOYMENT-AT-WILL STATUS AND SUCH A CHANGE CAN ONLY BE DONE IN WRITING. I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

SIGNATURE _____ DATE _____

NAME (PLEASE PRINT) _____