



Pi SQUARED
PIZZA TAVERN™

Employment Application

Our company is an equal opportunity employer. All qualified applicants will be considered without regards to race, religion, creed, color, sex, national origin, age or ancestry as required by law.

Personal Information

NAME				
First	Middle	Last		
ADDRESS				
Street	City	State	Zip	How long at this address?
Phone#	Emergency Contact			Phone#
Are you legally allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<i>Servers must be at least 19, Drivers 18, and Bartenders 21</i>		
Have you ever been convicted of a felony or misdemeanor which has not been expunged from your record other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and for what offense(s) were you convicted? <i>A conviction will not necessarily be a bar to employment. Factors such as date, nature, number of offenses, age at the time of offense and rehabilitation as well as job duties will be considered.</i>		Have you EVER been fired, discharged, or asked to resign from a job or left a job without giving a two week notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the former employer(s) by name, address and telephone number. Explain the circumstances and provide date(s).		
Describe yourself in five words:		What are your top 3 weaknesses?		
How much money do you need to make per week?		Why do you want to work here?		

Availability

Position applying for?	When can you start?	Are there any days you are not available?
Type of position desired? <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary - What are the maximum hours you can work per week? ____ And the minimum? ____		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no - why not?		
Do you plan to keep working there if you work for us? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" - explain:		

Education

High School (last attended)	Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College (last attended)	Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Major	Type of Degree/Diploma
Are you in school/college now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan on returning to school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Please list all previous employers, starting with the most recent. Use an additional sheet of paper if needed.

From	Business Name	Job Duties	Type of Business	Starting	Reason for Leaving
To	Address Phone		Supervisor Name	Ending	
From	Business Name	Job Duties	Type of Business	Starting	Reason for Leaving
To	Address Phone		Supervisor Name	Ending	
From	Business Name	Job Duties	Type of Business	Starting	Reason for Leaving
To	Address Phone		Supervisor Name	Ending	

References

Do you know anyone that is currently employed with us? Yes No - If yes, who?

Please provide three personal references below. Please do not list any present or past supervisors or family members.

Name	Address	Phone	Years Known	Relationship
Name	Address	Phone	Years Known	Relationship
Name	Address	Phone	Years Known	Relationship

Driving Record

Complete only if you are applying to be a delivery driver

Have you had your driver's license for at least two uninterrupted years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever held a driver's license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what state?
Have you ever been convicted of Leaving the Scene of an Accident, Hit & Run, Vehicular Homicide or Assault, Reckless Operation, Drag Racing, or DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had your license suspended or revoked in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many Moving Violations have you had in the last 3 years?	How many At-Fault accidents have you had in the last 3 years?	Do you have any moving violations pending? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

If assistance is needed during any phase of the hiring or interviewing process, please let us know. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, incomplete, false or misleading statements on this application may be grounds for dismissal. I authorize investigation of all statements contained in this application and authorize the company and/or its agents, representatives and employees to obtain information and records concerning me. I authorize the personal references and previous employers listed above to give you any and all information concerning my previous employment, job performance, and any other personal or professional information that they may have. If hired, I agree that my employment is **AT-WILL** and that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either the company or myself. This application is effective thirty (30) days from the date you apply. For consideration beyond thirty days (30), inquire as to whether or not applications are being accepted at that time.

Signature _____ Date _____