



APPLICATION FOR EMPLOYMENT

BOSSSES PIZZA IS AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (Last, First)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying

CRIMINAL BACKGROUND

Have you ever been convicted of, pled "no contest" or "nolo contendere" or accepted deferred adjudication for a felony or any crime involving theft or dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a brief description, including the date and the underlying crime

FORMER EMPLOYERS (LIST LAST 4 EMPLOYERS, BEGINNING WITH MOST RECENT)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	START SALARY END SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES (LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ **SIGNATURE** _____

INTERVIEWED BY _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

REMARKS

GROOMING/APPEARANCE		CHARACTER		
PERSONALITY		SPECIAL SKILLS		
HIRE DATE	HIRED BY	POSITION	MANAGER	PAY RATE