We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of application _____ / _____ / _____

Position(s) applied for ❑ Delivery Person ❑ Management Trainee ❑ Counter Person ❑ Other _____

How did you learn about us?
❑ Want ad Publication Name _____ ❑ Friend ❑ Relative ❑ Walk - in ❑ Other _____

Last Name _____ First Name _____ Middle Initial _____

Address (street) _____ Apt. _____ City _____ State _____

Telephone Number ( ) _____ - _____ Best time to call _____ am. pm.

Are you 18 years old or older? ❑ Yes ❑ No If no how old? _____ Social Sec No. _____ - _____ - _____

Have you ever worked for Pizza Pit before? ❑ Yes ❑ No

If yes, dates and locations _____

Are you physically or otherwise unable to perform specific kinds of work? ❑ Yes ❑ No

If yes, please explain _____

Have you ever been convicted of a felony? ❑ Yes ❑ No

If yes, please describe _____

Employment desired: ❑ Full time Date you can start? _____
❑ Part time Pay rate expected? _____

Specify days and hours available

	M	T	W	Th	F	Sa	Su	
FROM								Days
TO								Evenings until close

Total hours available per week _____ Type of transportation to / from work _____

Counter Person

Experience in multiple line telephone operation? ❑ Yes ❑ No
Experience in cash register operation? ❑ Yes ❑ No

Delivery Person

Do you have a car for delivery use? _____ Year _____ Make _____ Condition _____

Auto Insurance Co. Name _____ Drivers Lic. No. _____ State _____

List traffic accidents and citations for the last 3 years (start with most recent).

MO. / YR.	Type of accident or ticket	City-State	Convicted?	Injuries?	Fine or sentence

Pizza Maker

Driver's Lic. No. _____ State _____

Do you have a car for delivery use? ❑ Yes ❑ No

Summarize any job related skills & qualifications (i.e. management, supervision, administration etc.) _____

Circle last yr. completed — Elementary / High school 5 6 7 8 9 10 11 12 — College 1 2 3 4 — Grad. 1 2 3 4

Major? _____

Have you ever had any job-related training in the United States military? ❑ Yes ❑ No

If yes, please describe _____

Reserve obligation ❑ Yes ❑ No Explain _____

LIST LAST JOB FIRST

May we contact your present employer? ❑ Yes ❑ No

Company _____ Location _____ Phone _____

Job title _____ Duties _____

Supervisor's name _____ Dates worked: from _____ to _____

Salary: Start _____ per _____ to finish _____ per _____

Reason for leaving Quit, Why? _____

Terminated, Why? _____

Other _____

Company _____ Location _____ Phone _____

Job title _____ Duties _____

Supervisor's name _____ Dates worked: from _____ to _____

Salary: Start _____ per _____ to finish _____ per _____

Reason for leaving Quit, Why? _____

Terminated, Why? _____

Other _____

Company _____ Location _____ Phone _____

Job title _____ Duties _____

Supervisor's name _____ Dates worked: from _____ to _____

Salary: Start _____ per _____ to finish _____ per _____

Reason for leaving Quit, Why? _____

Terminated, Why? _____

Other _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

P F A G E			COMPLETED EMPLOYEE ENVELOPE SENT TO OFFICE	STARTING INFORMATION			COPY OF APP. TO SHOP	TERMINATION	
TAKEN BY	WAGE	KNOWS SHOP	DATE	SHOP #	DATE STARTED	START WAGE		DATE	DETAILS ATTACHED