

Application for Employment at Dina's Pizza & Pub

Date _____

Personal Information

NAME (LAST NAME, FIRST, MI)		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
_____		____-____-____		____/____/____	
CURRENT ADDRESS			CITY	STATE	ZIP CODE
_____			_____	_____	_____
PHONE NUMBER		CELL PHONE NUMBER			
(____) _____		(____) _____			
Do you prefer call or text _____					
FACEBOOK NAME _____					

TWITTER @ _____	INSTAGRAM @ _____	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER	
_____	_____	
HOW DID YOU HEAR OF THIS POSITION?	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____	
_____	IF SO WHEN? _____	
POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
_____	_____	_____

General Information

ARE YOU CURRENTLY EMPLOYED? _____	IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER? _____	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? _____	RACE _____ SEX _____	
SPECIAL TRAINING	SPECIAL SKILLS	MARITAL STATUS
_____	_____	_____
U.S. MILITARY OR NAVAL SERVICE? _____	RANK _____	

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____

AVAILABILITY

	HOURS AVAILABLE	HOURS AVAILABLE
MON	_____	FRI _____
TUES	_____	SAT _____
WED	_____	SUN _____
THURS	_____	DATE AVAILABLE FOR EMPLOYMENT _____

Personal History

HAVE YOU EVERY BEEN CONVICTED OF A FELONY? _____ IF YES, NATURE OF CRIME _____

LOCATION OF CONVICTION _____ DATE OF CONVICTION _____

DISPOSITION (SENTENCE) _____

HOW DO YOU FEEL YOU ARE QUALIFIED FOR POSITION DESIRED?

Employment History---Last Three Employers

Date-Month & Year	Company Information	Start Salary	End Salary	Position	Reason for Leaving
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FROM _____ NAME _____

TO _____ ADDRESS _____ PHONE NUMBER _____ SUPERVISOR NAME _____

FROM _____ NAME _____

TO _____ ADDRESS _____ PHONE NUMBER _____ SUPERVISOR NAME _____

FROM _____ NAME _____

TO _____ ADDRESS _____ PHONE NUMBER _____ SUPERVISOR NAME _____

References---List Three---(Preferably Professional References)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
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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 any 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 authorize the company to perform a personal background check.

Company may require pre-employment drug testing at company's expense. If employed, and the company chooses to perform a random drug test, it will be at the employees expense.

DATE

SIGNATURE

INTERVIEWER _____

REMARKS _____
