



EMPLOYMENT APPLICATION

PERSONAL

NAME			HOME PHONE: ()
LAST	FIRST	MIDDLE	WORK PHONE: ()
ADDRESS			
STREET		CITY	STATE ZIP CODE
POSITION YOU ARE APPLYING FOR			WAGE EXPECTED
IF HIRED, HOW LONG DO YOU EXPECT TO STAY?	DATE AVAILABLE FOR EMPLOYMENT		HOW WERE YOU REFERRED TO THE COMPANY?
PERSON TO BE CONTACTED IN CASE OF EMERGENCY (ONLY TO BE FILLED OUT AT TIME OF HIRE)			
NAME:			
ADDRESS:			
CITY AND STATE:		PHONE: ()	

EDUCATION

SCHOOL	NAME OF SCHOOL, CITY, STATE	CIRCLE LAST YEAR COMPLETED	MAJOR STUDY
HIGH SCHOOL		9 10 11 12	
COLLEGE/ UNIVERSITY		1 2 3 4 5	
COLLEGE/ UNIVERSITY		1 2 3 4 5	
GRADUATE SCHOOL/TRADE SCHOOL		1 2 3	
HIGH SCHOOL GRADE AVERAGE	COLLEGE GRADE AVERAGE	PERCENTAGE OF SCHOOL EXPENSES EARNED <input type="checkbox"/> NONE <input type="checkbox"/> 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> MORE THAN 75%	
POSITIONS OF LEADERSHIP, ACTIVITIES, HONORS, AND ACCOMPLISHMENTS IN SCHOOL, MILITARY, OR BUSINESS			

MILITARY

LIST ANY MILITARY EXPERIENCE

PREVIOUS EMPLOYMENT

STARTING WITH YOUR PRESENT EMPLOYER, LIST ALL FIRMS FOR WHOM YOU HAVE WORKED WITHIN THE PAST TEN YEARS, INCLUDE PERIODS OF UNEMPLOYMENT FROM WORK, OR SELF-EMPLOYMENT, AND ANY JOBS HELD WHILE ATTENDING SCHOOL. USE ADDITIONAL SHEET IF NECESSARY.

PRESENT OR LAST POSITION (NAME ADDRESS & PHONE # OF FIRM)		
DATE OF EMPLOYMENT		POSITION HELD
FROM MO/ YR	TO MO/ YR	
WEEKLY SALARY		OTHER COMPENSATION
START \$	FINAL \$	(BONUS, COMMISSION) \$
IMMEDIATE SUPERVISOR		
NAME		TITLE
BRIEF DESCRIPTION OF YOUR DUTIES		REASON FOR LEAVING
		MAY WE CONTACT THIS EMPLOYER?

PREVIOUS POSITION (NAME ADDRESS & PHONE # OF FIRM)		
DATE OF EMPLOYMENT		POSITION HELD
FROM MO/ YR	TO MO/ YR	
WEEKLY SALARY		OTHER COMPENSATION
START \$	FINAL \$	(BONUS, COMMISSION) \$
IMMEDIATE SUPERVISOR		
NAME		TITLE
BRIEF DESCRIPTION OF YOUR DUTIES		REASON FOR LEAVING
		MAY WE CONTACT THIS EMPLOYER?

PREVIOUS POSITION (NAME ADDRESS & PHONE # OF FIRM)		
DATE OF EMPLOYMENT		POSITION HELD
FROM MO/ YR	TO MO/ YR	
WEEKLY SALARY		OTHER COMPENSATION
START \$	FINAL \$	(BONUS, COMMISSION) \$
IMMEDIATE SUPERVISOR		
NAME		TITLE
BRIEF DESCRIPTION OF YOUR DUTIES		REASON FOR LEAVING
		MAY WE CONTACT THIS EMPLOYER?

REFERENCES

GIVE BELOW THE NAMES OF PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

SCHEDULE OF AVAILABILITY

AVAILABLE ALL SHIFTS

NOTE: SHIFT START AND END TIMES VARY BY POSITION. SEE MANAGEMENT FOR CLARIFICATION.

AVAILABILITY AS FOLLOWS (MARK (✓) YOUR AVAILABLE SHIFTS)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM - AVAILABILITY UP TO 4 PM							
PM - AVAILABILITY UP TO RESTAURANT CLOSE							

ARE YOU WILLING TO WORK HOLIDAYS?

YES NO

CAN YOU PROVE YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.A. IF YOU ARE MADE AN OFFER?

YES NO

ARE YOU LEGAL AGE (19 YEARS OLD) TO SERVE ALCOHOLIC BEVERAGES?

YES NO

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR "NO CONTEST" TO ANY CRIMINAL OFFENSE INCLUDING, BUT NOT LIMITED TO, THEFT, FRAUD, PASSING BAD CHECKS, CREDIT CARD FRAUD, GORGERY OR OTHER CRIME?

YES NO

(DO NOT LIST THE FOLLOWING: ARRESTS OR DETENTION THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS FOR WHICH THE RECORD HAS BEEN JUDICIALLY ORDERED SEALED, EXPUNGD, OR STATUTORILY ERADICATED; MISDEMEANOR CONVICTIONS FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED; ANY ARREST FOR WHICH A PRETRIAL DIVERSION PROGRAM HAS BEEN COMPLETED; OR ANY MARIJUANA POSSESSION CONVICTIONS MORE THAN TWO YEARS OLD.)

IF YES, PLEASE EXPLAIN:

DATE(S) AND PLACE(S) OF CONVICTION

NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AT THE TIME OF THE OFFENSE, NATURE AND SERIOUSNESS OF THE OFFENSE AND ITS RELEVANCE TO THE POSITION, AND DISPOSITION/ REHABILITATION WILL ALL BE TAKEN INTO ACCOUNT.

EACH JOB REQUIRES ESSENTIAL FUNCTIONS AND RESPONSIBILITIES. (PLEASE REQUEST AND REVIEW THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.) ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION?

YES NO

I CERTIFY THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE AND UNDERSTAND ANY FALSE, OMITTED, AND/ OR MISREPRESENTED STATEMENTS MAY CONSTITUTE GROUNDS FOR TERMINATION.

I UNDERSTAND AND AGREE THAT: (i) EMPLOYMENT WITH PIZZERIA OMAGGIO IS CONSIDERED "AT WILL" FOR NO FIXED OR DEFINITE PERIOD AND SUBJECT TO TERMINATION BY EITHER PIZZERIA OMAGGIO OR BY ME AT ANY TIME FOR ANY REASON; (ii) NO REPRESENTATIVE OF PIZZERIA OMAGGIO HAS THE AUTHORITY TO EMPLOY ME FOR ANY DEFINITE AMOUNT OF TIME., AND; (iii) PIZZERIA OMAGGIO RESERVES THE RIGHT TO UNILATERALLY CHANGE ANY OF THE TERMS AND CONDITIONS OF MY EMPLOYMENT, INCLUDING ITS EMPLOYEE HANDBOOK, AT ANY TIME WITHOUT NOTICE.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE FORGOING.

SIGNATURE

DATE