Employment Application For Vince's Pasta Pizza



We consider applicants for all positions without regards 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

APPLICANT INFO	DRMATION								
			First Nam	st Name:			Date		
Street Address							Apt. #		
City			State	State					
Phone				E-Mail Ad	ddress				
Date Avalible Social Securiy No.									
Do you have a valid driver's license?				License I	No.				
Are you a Citizen of the United States?			YES	NO	Are you p	permitted to we	ermitted to work in the U.S.?		
					I				
Emergeny contact Name			Phone		Relations	Relationship			
EDUCATION									
High School			Address						
From	То	Did you gra	Did you graduate?		NO		Degree		
College			Address	<u> </u>					
From	То	Did you gra	Did you graduate?		NO		Degree		
Other			Address	<u> </u>					
From	То	Did you gra	iduate	YES	NO		Degree		
		•		"		•	•		
REFERENCES									
Please list three perso	nal or professio	nal references							
Full Name						Relations	Relationship		
Company						Phone ()		
Address									
Full Name					Relations	ship			
Company						Phone ()		
Address									
Full Name						Relations	ship		
Company						Phone ()		
Address									

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PREVIOU:	S EMPLOYMENT								
Company				Phone No.	()				
Address				Supervisor					
Job Title									
Responsibilit	ies	1				1			
From	То	Reason for leav	ring						
May we conta	act your previous supervisor for a refere	nce? Y	ES		NO				
Company				Phone No.	()				
Address				Supervisor					
Job Title									
Responsibilit	ies								
From	То	Reason for leav	ving						
May we conta	act your previous supervisor for a referen	nce? Y	ES		NO				
Company				Phone No.	()				
Address				Supervisor	,				
Job Title						T			
Responsibilit	ies								
From	То	Reason for leav	ving						
	act your previous supervisor for a refere		ES		NO				
may no co	ant your provided outportion to a								
EMBLOVA	AENT DDEEEDENCE								
	MENT PREFERENCE ears of age or older?			AM		PM			
	veek you are availible/ how many hours	per week		Are you available on weekends?					
COUNTER	DEDSON								
	multiple line telephone experience	Y	ES		NO				
Experience in	n cash register operation	Y	ES		NO				
Do you have	experience in serving	Y	ES		NO				
Do you have	experience in customer service	Y	ES		NO				
	•								
DELIVER	Y DRIVER								
	a car for delivery use?	Year		Make		Condition			
Auto Insurance Co. Name Drivers license No.									
List all traffic accidents and citations for the last 3 years (start with the most recent)									
Mo. / Year	Type of accident or ticket	City- State		Points on License?	Injuries?	Fine or sentence			