



Mangia e Bevi

Employment Application

Applicant Information

Full Name:	Last	First	M.I.	Date:	
Address:	Street Address			Apartment/Unit #	
	City			State	Zip
Phone:	()		E-mail Address:		
Social Security No.:		Date Available:		Desired Salary:	\$
Position Applied for:			Position Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Days Available to Work:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			Hours Available to Work:	NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 21 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
How were you referred to us?	<input type="checkbox"/> Newspaper ad <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> Referral <input type="checkbox"/> Other Name of source:				

Driver Information

Please complete this section if you are applying for a driver position.

Do you have a reliable car to use for this job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you insured on the vehicle you will be using?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had more than 2 moving violations in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had more than 1 at-fault accident in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the last 5 years, have you received a DUI, container/chemical test failure, possession of a controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime involving a motor vehicle, including vehicular homicide or assault?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Previous Employment

Company:		Phone:	()		
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()		
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()	
Address:				Supervisor:		
Job Title:				Starting Salary:	\$	Ending Salary: \$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Education

High School:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please list three professional references.

Full Name:				Relationship:		
Company:				Phone:	()	
Address:						
Full Name:				Relationship:		
Company:				Phone:	()	
Address:						
Full Name:				Relationship:		
Company:				Phone:	()	
Address:						

Skills

Please check if you have previous experience with the following skills:

Cooking
 Pizza making
 Delicatessen
 General Kitchen Work
 Dining Room Work
 Hostess
 Guest Services
 Supervising
 Office Administration
 Foreign Languages (specify)

Disclaimer and Signature

I understand that employment is for no definite duration. Employment with the Company at all times is at-will, and either the Company or I may terminate the employment relationship at any time, with or without notice.

I certify that the facts contained in this application are true and complete to the best of my knowledge and if this application leads to employment, I understand that false or misleading information in my application or interview may result in refusal to hire or immediate 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 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 Disability Act (ADA) and other relevant federal and state laws. (ADD PRE-SCREENING, DRIVING RECORDS?)

Signature:				Date:		
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AN EQUAL OPPORTUNITY EMPLOYER – A DRUGFREE WORKPLACE

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by:				Date:		
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Remarks:						
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Neatness:	Character:	Personality:	Ability:
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