



# EMPLOYMENT APPLICATION

Résumés are NOT a substitute for a completed application.  
Please answer all questions. Please print clearly.

We are an equal opportunity employer and, in accordance with applicable laws, prohibit discrimination against applicants and employees based on race, color, creed, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship status, domestic violence victim status, military status, predisposing genetic characteristics or genetic information, or any other category protected by law.

MARK'S PIZZERIA IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, MARK'S PIZZERIA MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name: \_\_\_\_\_ Position Applied For (please list one): \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Current Address:

Street, Apartment, or Unit Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at your current address? (Years / Months) \_\_\_\_\_ / \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ Desired salary or hourly rate: \_\_\_\_\_

Type of employment desired?  Full-time  Part-time

When are you available to work? Please write your available times below.

\_\_\_\_\_ Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday

Are you willing to work overtime?  Yes  No Date on which you can start work if hired: \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment?  Yes  No

Have you previously applied for employment with Mark's Pizzeria?  Yes  No

If yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by Mark's Pizzeria?  Yes  No

If yes, provide dates of employment, location and reason for separation from employment. \_\_\_\_\_

If applicable, list any other names by which you have been known. These names may be necessary to allow us to confirm your work and educational record. Include information such as change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate / Professional					
Trade or Correspondence					

## Work Experience

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent five (5) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration for employment. Do not answer, "see résumé."

Employer (most recent):

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Wages Start: \_\_\_\_\_ Wages Final: \_\_\_\_\_

May we contact your supervisor?  Yes  No If No, why not? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

If you were ever disciplined, explain: \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Employer:

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Wages Start: \_\_\_\_\_ Wages Final: \_\_\_\_\_

May we contact your supervisor?  Yes  No If No, why not? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

If you were ever disciplined, explain: \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement?  Yes  No If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated?  Yes  No If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References (Optional)

Please list the names of additional work-related references whom we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Work Relationship (i.e. supervisor, co-worker)	Position	Company	Telephone

Please list the names of personal references (not previous employers or relatives) who we may contact.

Name	# of Years Known	Occupation	Address	Telephone

## Driving Information (Complete only if driving is an essential function of the job for which you are applying.)

Please list the names of additional work-related references whom we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Do you have a current valid drivers license?  Yes  No

If yes, License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not have a drivers license for the state in which you currently reside, why not? \_\_\_\_\_

\_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No

If no, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No

If yes, explain: \_\_\_\_\_

# APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

## APPLICANT CERTIFICATION

THIS COMPANY IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
**Parent or Legal Guardian**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**