

EMPLOYMENT APPLICATION



Name _____ Social Security Number: _____ - _____ - _____
First Name Middle Initial Last Name

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Date of Birth: _____

AVAILABILITY

Total hours available per week: _____

	M	T	W	TH	F	SA	SU
FROM							
TO							

Are you legally able to be employed in the US: _____ How many miles do you live from the restaurant: _____

Do you have transportation to and from work? _____

Position Seeking: KITCHEN STAFF DELIVERY DRIVER SERVER OTHER: _____

SCHOOL/UNIVERSITY MOST RECENTLY ATTENDED

School/Univ. Name: _____ City/State: _____ Phone: () _____ - _____

Teacher or Counselor: _____ Dept. _____ Last Grade Completed: _____

Grade Point Average: _____ Now Enrolled: Yes No Graduated: Yes No

Sports or Activities: _____

MOST RECENT JOB (If not applicable, list US military, work performed on a voluntary basis or personal references)

Company: _____ City/State: _____ Phone: () _____ - _____

Job: _____ Supervisor: _____ Dates Worked: From _____ To _____

Salary/wage: \$ _____ per _____ Reason for Leaving: _____

MGMT. REF. CHECK BY: _____

The Secretary of Health and Human Services has determined that certain diseases, including Hepatitis A, salmonella, staphylococcus, giardia, and compylobacter may prevent you from serving food or handling food equipment in a sanitary and healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? **YES NO** If yes, explain _____

DURING THE PAST 7 YEARS, HAVE YOU BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? **YES NO**

MGMT. REF. CHECK BY: _____

If yes, describe in full _____ A conviction will not necessarily bar you from employment.

1. I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with the policies of Gelsosomo's Pizzeria. 2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. 3. I acknowledge that Gelsosomo's Pizzeria reserves the right to amend or modify the policies in its Handbook and other policies of this Gelsosomo's Pizzeria restaurant at any time, without prior notice. These policies do not create any promises or contractual obligations between Gelsosomo's Pizzeria and its employees. At this Gelsosomo's Pizzeria restaurant, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Gelsosomo's Pizzeria Franchise retains the same rights. The independent Owner/Operator of this Gelsosomo's Pizzeria restaurant is the only person who may make exception to this, and it must be in writing and signed by the Owner/Operator. The independent Owner/Operator of this restaurant is solely responsible for all terms, conditions and any other issues concerning my employment.

SIGNATURE _____ **DATE** _____

Gelsosomo's Pizzeria is an Affirmative Action and Equal Opportunity Employer. Various Federal, State, and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status. It is Gelsosomo's Pizzeria's policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS. FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY.