

Employment Application

PERSONAL INFORMATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE) Name Last First Middle Address (Street, City, State, and Zip Code) Home Phone Work Phone EDUCATION High School Attended City, County & State Did you earn a Diploma? Undergraduate College Attended City, State Areas of Study Degree/Certificate/Diploma EMPLOYMENT INFORMATION Position Applied For: Date Available to Desired Salary: \$ Start Work: Do You Prefer:□Full-Time□Part-Time Can You Work: □Weekends **□**Evenings Days and hours not available to work: Monday Tuesday Wednesday Thursday____ Friday Saturday Sunday Please answer all of the following questions. When necessary, note question number and use an extra paper 2) Have you been employed by Pizza Ranch?

— YES

— NO If yes, please provide dates and locations: 3) Are you on layoff and subject to recall? □YES □NO 4) Are you currently bound by a non-competition, confidentiality or trade secret agreement? (If yes, please explain) \square NO 5) Have you ever been discharged or asked to resign from a job? (If yes, please explain) □YES 6) Have you ever been convicted of or pled guilty to a felony or crime other than a minor traffic citation? (If yes, please explain) \square YES \square NO EMPLOYMENT HISTORY Please list below your last four employers beginning with the most recent: Zip Code **Most Recent Employer** Phone Position Held Pay Rate Upon Dates From/To Supervisor Leaving **Duties** Reason for Leaving State Zip Code **Next Most Recent Employer** City Phone Position Held Dates From/To Pay Rate Upon Supervisor Leaving \$ **Duties** Reason for Leaving

If you have held other positions you feel are relevant to the job for which you are applying, please include on a separate piece of paper.

JOB-RELATED SKILLS

	ontinuous walking, standing, lifting, bending, and other movement as well and customers. Do you have the physical and/or mental capabilities to
perform the following essential functions of	the job with or without reasonable accommodations?
Stand and/or walk for up to 6-8 hours	Yes No
Operate cash register and make change	Yes No
Lift 40 pounds	Yes No
Twist upper torso 90 degrees	Yes No
Twist head/neck 90 degrees	Yes No
Follow oral instructions and communicate	
effectively with customers and co-workers Yes No Please answer the following questions if you are applying for a delivery driver position	
(If YES: Driver's License Number)	Date of Issue:
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years? □YES □NO	
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? □YES □NO	
4. Please list all states from which you hold or have held a driver's license:	
References (Please do not list family members)	
NameAddress	
	• • •
NameAddres	Telephone ()
APPLICANT'S CERTIFICATION AGREEMENT	
 This application is not an employment contract but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, or any other status protected under local, state or federal law. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation. 	
3. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.	
4. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.	
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.	
 I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully. 	
(Signature)	(Date)