

Abruzzo's Pizza

Team Member Application

An Equal Opportunity Employer

Abruzzo's Pizza is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Team Member Information

Applicant Name _____

Home Phone _____

Other _____

Email Address _____

Current Address:

Number and street _____

City _____

State & Zip _____

How were you referred to Abruzzo's Pizza?: _____

Team Member Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer Y or N
- Regular part-time work? Y or N

What days and hours are you available for work? _____

If hired, on what date can you start working? ___ / ___ / ___

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you currently employed? Y or N

May we contact current employer? Y or N

Personal Information:

Have you ever applied to Abruzzo's Pizza before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances as a Team Member at Abruzzo's Pizza? Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass

a. Controlled substance test? Y or N

b. Criminal Background Check? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?
 Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma earned: _____

College / University:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma earned: _____

Vocational School:

Name: _____
Address: _____
City, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

Former Employers

May we contact former employers? [] Y or [] N

Dates Name, Address, Position Salary Reason for
 Phone #

From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

References

Name	Phone Number	Relationship	Years Known

Certification:

I certify that the information within this application is true and complete to the best of my knowledge. I understand that if employed, any false statement within this application may be used for grounds for dismissal.

I gave permission to confirm all statements within this application. Including contacting employers and references for the purpose of work related and personal (or otherwise concerns. I release concerned parties (including Abruzzo's Pizza) from all, or any, liability for any damages that may result from the usage of such information.

I further understand and agree that only an authorized representative of the Company can authorize employment.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities ACT (ADA) and other relevant federal and state laws.

Printed Name: _____

Signature: _____

Date: _____