

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

DATE _____

NAME _____ Are you 18 or older? **YES** or **NO**

ADDRESS _____
street city STATE ZIP

PHONE: _____ 2ND PHONE: _____ EMAIL: _____

What type of employment do you desire? (circle one) **Pizza Professional** *Delivery Plus(Must be 18) **Management**
 (see other side) (attach resume)

Do you prefer Full Time or Part Time? _____ Date you can start? ____/____/____ Pay Desired? \$ ____

Will You be Attending School? **YES or NO** If yes; where? _____

Have you ever been employed by Cristy's? **YES or NO** Date/ Location/Manager _____

How were you referred to this Company? (Please circle) Advertiser Paper Friend Employee? _____

Do you have a friend or relative who is employed by Cristy's? **YES or NO** Who? _____

How do you plan on getting to work? (Please Circle) Walk Bike My Car I'll get a ride _____

At which location(s) would you like to work? _____ 2nd choice _____

Have you ever been convicted of a crime? **YES or NO** If yes explain. _____

APPEARANCE STANDARDS:

Cristy's has specific appearance standards that governs, clothing and personal appearance (e.g. no visible tattoos, facial piercings, etc. The appearance standards can be made available at time of interview. Do you have any concerns over abiding by this policy? _____

EDUCATION	NAME AND LOCATION	HIGHEST GRADE COMPLETED	YEAR GRADUATED
HIGH SCHOOL		9 10 11 12 GED	
COLLEGE/TRADESCHOOL			

CURRENT EMPLOYER (If you are currently employed / working, fill out this section!)

Start Date	NAME, PHONE, AND SUPERVISOR	SALARY	POSITION	ARE YOU LEAVING?

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

DATE, MONTH & YEAR	BUSINESS NAME, CITY, PHONE, AND SUPERVISOR NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WORK AVAILABILITY

	MON	TUES	WED	THUR	FRI	SAT	SUN
AM							
PM							

Please check if you have open availability.

If you have any vacations or need extended time off in the next 12 months please explain. _____



All applicants must complete Sections 1 & 2 below:

1. By signing this application you are providing consent to the following screenings: (1) criminal background check (2) employment/wage verification. Your signature authorizes Cristy's Pizza to obtain information from your current or past employer(s) and to run a criminal background check.

Legal Name _____

Maiden Name _____

Applicant Signature _____

Birthdate _____

Date _____

2. I certify that all the information submitted by me on this application is true and complete. I understand that this is only an application for *consideration* of employment, and does not mean I *will* be hired. I understand that misrepresentation or omission of facts called for is cause for dismissal. This application will be considered current for 30 days after which you must submit a new application to be considered for employment.

Applicant Signature _____

Date _____

If Applying for Driver Position or Manager, Complete this Section

Release for Verification of Employment Driving Record

This form must be completed and information verified before applicant is considered for employment as a driver. The applicant must provide a photocopy of his/her driver's license and insurance policy. In the event that they meet the following pre-employment qualifications to deliver for Cristy's Pizza, Inc.

- I fully understand that this position requires that I have not been convicted of driving while impaired by alcohol or drugs within the last three years.
- I understand that I am responsible for maintaining auto insurance coverage on all vehicles used while working at Cristy's Pizza, Inc. and Cristy's Pizza, Inc. is not responsible for any accident my vehicle(s) are involved in while driving for the Company.
- I understand that it is my responsibility to provide Cristy's Pizza, Inc. with a current copy of my declaration page for proof of insurance coverage.
- I hereby authorize Cristy's Pizza, Inc. and/or any agency acting on the Company's behalf to procure, verify and to periodically review my driving record with the proper state officials.

Driver's License Information

State _____ D.L. # _____

Last 4 digits of Social Security # _____

Applicant Signature _____

Birth Date _____

Date _____

Make and year of delivery vehicle(s) _____

FOR OFFICE USE ONLY

Background check verification number

