

Date \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Email Address\_\_\_\_\_

Please print clearly					
Name	Phone ()				
Last First	Middle Initial				
Address					
Street Address	City State Zip				
Last 4 Digits Social Security Number Are you over 18 years of age? Yes No					
Do you have legal right to remain and work in the United States? Yes No					
How were you referred to Straw Hat Pizza?					
Friend Relative From being a customer Other					
Have you ever worked for Straw Hat before? Yes No If yes, when? Where?					
Names of friends and relatives working for Straw Hat:					
AVAILABILITY					
List hours available for work: Salary expected					
Mon Tues Wed Ti	۲hurs Fri Sat Sun				
DAY	Total weekly hours				
NIGHT	desired				
Jobs at Straw Hat Pizza will have hours that will vary from time to time, and the position is dependent upon your being flexible in the hours you can work.					
EDUCATION Circle last grade completed: Grade 5 6 7 8 High School 9 10 11 12 College 1 2 3 4					
Name and address of last school attended:					
Special skills and training:					
US MILITARY					
Branch: From	ToRank at discharge				

<b>EXPERIENCE</b> List previous jobs – start with last employer first:						
Employer	Address		From	To 		
Your Title	Superviso	r	Start Salary_			
			Last Salary_			
Duties			May we con			
Reason for leaving:			·			
Employer	Address		From	То		
Your Title	Supervisor		Start Salary			
			Last Salary			
Duties			May we cont	May we contact?		
Reason for leaving:						
EMERGENCY CONTACT						
In emergency, notify: _	Name	Address		Phone		
-	Name	Address		Phone		
<b>REFERENCES</b> List 2 persons who have known you for at least one year. Do not include relatives or Straw Hat employees.						
			May we cor	ntact?		
Name	Telephone	Occupation				
			May we contact?			
Name	Telephone	Occupation				
I authorize investigation of all statements contained in this application form if I am considered for employment, and I hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may not be on their records. I also authorize a credit report. I understand that misrepresentation or omission of the facts called for herein or receipt of unsatisfactory references will be sufficient cause for dismissal if I shall have been employed. I understand there is a probationary period and that either of us may terminate our work relationship during this probationary period for any reason. I further understand that if I am hired, my employment with Straw Hat Pizza will be on an "at-will" basis which means that my employment may be terminated at any time, with or without cause or advance notice, either by myself or the company. I further understand that the "at-will" nature of employment with the company is one aspect that cannot be changed except by a written document signed by the owner or president of the company. I understand that flexibility in work hours is necessary. Date Applicant's Signature						