



Tower Inn –Wise Guyz Pizza

JOIN THE FAMILY!!

**APPLICATION FOR EMPLOYMENT**



TODAY'S DATE \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
PHONE # (     )		REFERRED BY	

DO YOU HAVE PERMISSION TO WORK LEGALLY IN THE UNITED STATES?      YES       NO

IF NOT A CITIZEN OF THE US WRITE YOUR DOCUMENTATION # \_\_\_\_\_  
 TYPE OF DOCUMENT: \_\_\_\_\_

<b>POSITION (CIRCLE):</b> WAITPERSON, CASHIER, HOST, PHONES, DISH PERSON, MANAGER, COOK, CHEF, DELIVERY, BARTENDER, other .		<b>SALARY / HOURLY</b>	<b>WAGE DESIRED</b>
DATE YOU CAN START / /	ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	FULL OR PART TIME TOTAL HOURS: _____ WEEK
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> WHEN? _____      NO <input type="checkbox"/>		HOW LONG DO YOU PLAN TO WORK WITH US? _____	

**EDUCATIONAL BACKGROUND**

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

**EMPLOYMENT BACKGROUND LIST BELOW LAST FOUR EMPLOYMENT STARTING WITH THE MOST RECENT**

MONTH / YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES. BELOW GIVE THE NAMES OF FOUR PEOPLE WHOM YOU KNOW FOR AT LEAST ONE YEAR				
NAME	ADDRESS	YEARS KNOWN	BUSINESS	PHONE NUMBER
1				
2				
3				
4				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FOUR YEARS? YES  NO

IF YES EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AVAILABILITY SCHEDULE:		
	AVAILABLE TO WORK FROM — TO	PREFER TO WORK FROM — TO
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

TOTAL HOURS: \_\_\_\_\_

**AUTHORIZATION:**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT , IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY OR ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FOR ALL LIABILITY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY THE AN AUTHORIZED ELECTED OFFICER OF CHRISANDY INC.

DATE \_\_\_\_\_ NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

THANK YOU FOR THE APPLICATION TO JOIN OUR FAMILY!

HIRED :	DATE:	HIRED BY:
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