



APPLICATION FOR EMPLOYMENT

PINE CONE MARKETPLACE • SARTELL • 320.258.9300
 5TH AVE S • ST CLOUD • 320.252.9300

Application Info

Application Date	(mark all that apply) Seeking position(s) as: <input type="checkbox"/> Bartender <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Driver <input type="checkbox"/> Host <input type="checkbox"/> Manager
Date available to start	at HOUSE OF PIZZA: <input type="checkbox"/> St Cloud <input type="checkbox"/> Sartell

Personal Information

Name (Last, First and Middle)	Social Security Number	Are you legally entitled to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Address (Street, City, State, Zip Code)			
Permanent Address (Street, City, State, Zip Code)			
Home Phone Number	Have you ever been convicted of a felony offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Cell Phone Number			

Work Experience

1. Employer or Business Name and Address		Phone Number	
Position(s) Held		Starting Date	Ending Date
Responsibilities		Starting Wage \$	Ending Wage \$
Reason for Leaving	Supervisor's Name	Can we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Employer or Business Name and Address		Phone Number	
Position(s) Held		Starting Date	Ending Date
Responsibilities		Starting Wage \$	Ending Wage \$
Reason for Leaving	Supervisor's Name	Can we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Employer or Business Name and Address		Phone Number	
Position(s) Held		Starting Date	Ending Date
Responsibilities		Starting Wage \$	Ending Wage \$
Reason for Leaving	Supervisor's Name	Can we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Educational Experience

High School Name and Location	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Institution of Higher Learning Name and Address	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

General Information

Activities (civic, athletic etc)

Special Skills or Training

References

Name	Relationship	Phone Number	Number of years acquainted
Name	Relationship	Phone Number	Number of years acquainted
Name	Relationship	Phone Number	Number of years acquainted

Emergency Contact Information

Name	Phone Number	Relationship
Address		

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Delivery Driver Applicants

Delivery Drivers: If you are employed at the HOUSE OF PIZZA, we require all drivers to maintain Auto Liability Insurance at the minimum mandatory state limit. HOUSE OF PIZZA is not responsible for any loss, theft, vandalism or property damage to your vehicle while being used in connection with the HOUSE OF PIZZA. You will be required to show proof of Auto Insurance and a valid driver's license before beginning employment.

Insurance Company Name	Policy Number	Drivers License Number	State	Expiration Date
1. Vehicles used for delivering: Make	Model	Year	License Number	State
2. Vehicles used for delivering: Make	Model	Year	License Number	State
3. Vehicles used for delivering: Make	Model	Year	License Number	State

List any traffic violations or accidents within the last two years. Include date, offence and penalty (accidents or violations may to disqualify you from employment)

Job Application Disclaimer and Acknowledgement

HOUSE OF PIZZA is an equal opportunity employer. Any person applying for a position with HOUSE OF PIZZA will be considered without regard to race, religion, gender, age, national origin or disability.

I certify that the information contained in this application is correct and authorize HOUSE OF PIZZA to investigate all statements made from all prior employers, references and law enforcement agencies. I further authorize HOUSE OF PIZZA to conduct whatever background checks are necessary or appropriate to either verify information provided by me on the application or in interviews relating to prospective employment.

I understand that any false answers or statements made by me as part of my application will be sufficient for rejection of my application or for my immediate termination should one be discovered after I have started employment.

I understand that nothing in this application is intended to create an employment contract between HOUSE OF PIZZA and myself, that my employment with the company is entered into voluntarily and that I may resign at any time. I also acknowledge that my employment may be terminated at any time, with or without cause, at my employer's discretion.

I hereby acknowledge that I have read and understand all preceding statements.

Signature	Date
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