

APPLICATION FOR EMPLOYMENT

Please print all information except your signature. Incomplete or illegible applications will not be considered.

Equal access to employment services and programs is available to all persons. Applicants requesting reasonable accommodations to complete the application and/or participate in the interview process should notify a representative of the organization.

DATE SU	BMITTED						
NAME							
La	ast	First	Middle Int.				
ADDRESS	5			City	STATE_	ZIP	
	Street			City			
PHONE N	UMBERS 1)_		2)	E-r	nail		
WHEN CA	N YOU STA	RT WORK?_			LIST AGE IF	UNDER 18	
		PLIED TO PIA		NTO BEFORE?			
DO YOU I	KNOW ANY	ONE EMPLOY	YED BY PIAZZ	ZA SORRENTO? _	WHO?		
POSITION	DESIRED ('Any" is unacc	eptable)		FUL	L or PART-TI	ME
				s/times you ARE A WEDNESDAY			CATHIDDAN
FROM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO							
				ME? Yes			

EDUCATION

NAME/LOCATION OF SCHOOL High School:				ATE?	MAJOR STUDIES
College:					
Other Professional Training:					
JOB RELATED SPECIAL SKILLS, TR	AINING, &	& CERTIFICATIO	ONS:		
		K EXPERIENCE t recent employme			
	`	1 ,	,		
COMPANY NAME:ADDRESS:LAST/CURRENT POSITION DATES OF EMPLOYMENT: 1			TELE	PHONE #	
LAST/CURRENT POSITION	HELD:				
DATES OF EMPLOYMENT: JOB DUTIES:	From	То	RATE OF I	PAY: Start	End
NAME OF LAST SUPERVISO	DR:				
ARE YOU CURRENTLY EMI IF NO, REASON FOR	PLOYED B R LEAVING	J:			No
WAS YOUR EMPLOYMENT				Yes_	No
ARE YOU ELIGIBLE TO BE MAY WE CONTACT THIS CO				Yes_ Yes_	No
COMPANY NAME:					
ADDRESS:			TELE	PHONE #:	
LAST/CURRENT POSITION	HELD:				
ADDRESS: LAST/CURRENT POSITION DATES OF EMPLOYMENT: JOB DUTIES:	From	To	RATE OF I	PAY: Start	End
NAME OF LAST SUPERVISO)R·				
NAME OF LAST SUPERVISO ARE YOU CURRENTLY EMI IF NO, REASON FOR LEAVI	NG:				
WAS YOUR EMPLOYMENT				Yes_	No
ARE YOU ELIGIBLE TO BE I				Yes_ Yes	No No
				105_	
COMPANY NAME:ADDRESS:			TELE	DHONE #	
	HETD.		IELE	FHONE #	
LAST/CURRENT POSITION DATES OF EMPLOYMENT: JOB DUTIES:		To		PAY: Start	End
NAME OF LAST SUPERVISO	DR:				
ARE YOU CURRENTLY EMI	PLOYED B	BY THIS COMPA	NY?	Yes_	No
IF NO, REASON FOR LEAVI		TED BY THIS CO	OMPANV9	Ves	 No

ARE YOU ELIGIBLE TO BE REHIRED BY THIS COMPANY? MAY WE CONTACT THIS COMPANY FOR A REFERENCE?

Yes	No		
Yes	No		

REFERENCES

NAME:	
COMPANY:	LENCTH OF TIME VNOWN.
PHONE NUMBERS:	LENGTH OF TIME KNOWN:
NAME:	
COMPANY:	I ENGTH OF TIME KNOWN:
PHONE NUMBERS:	LENGTH OF TIME KNOWN:
NAME:	
RELATIONSHIP:	LENGTH OF TIME KNOWN:
PHONE NUMBERS:	LENGTH OF TIME KNOWN:
characteristic protected by law. Applica	ninate in employment opportunities on the basis of any ants are requested not to provide such information on this as are considered fairly. Any application that contains non-
	e facts contained in this application are true and complete stand that if employed, falsified statements on this iate dismissal.
above to give you any and all information	its contained herein and the references and employers listed on concerning my previous employment and any pertinent otherwise, and release the company from all liability for ilization of such information.
not for a specific term and is terminable terminate the employment relationship a	at, if hired, my employment with PIAZZA SORRENTO is at will. This means that PIAZZA SORRENTO or I may at any time and for any reason, with or without notice, not be comply with all of PIAZZA SORRENTO'S policies and ed.
Date:	
Signature:	
Interviewed by:	