Employment Application New York Pizza Factory

| Social Security # | | | Date: | | | |
|-----------------------|--|--------------------|----------------------|----------------------|-------------|--|
| Name: | | | | | | |
| | | | | | | |
| Telephone: (_ |) | Err | ail Address: | | | |
| Are you 18 ye | ars of age or older? | Yes No | | | | |
| If hired, can y | ou provide written evide | nce that you are a | uthorized to work in | the U.S.? | ′esNo | |
| EDUCATION | | | | | | |
| Туре | Name/Location | | Course of Study | # Years Completed | - | |
| High School | | | | | - | |
| College | | | | | | |
| Technical or Other | | | | | | |
| | me and address | | Started/Left o | трау | for Leaving | |
| 1 | | _ | | | | |
| 2 | | _ I | | I | | |
| 3 | | _ | | | | |
| <u>U.S. MILITAR</u> | Y SERVICE | | | | | |
| Rank and Typ | vice e of Service rience Received | | | | | |
| Name/ Occup | S (Do Not Include Rela ation/ Years/ Known Ad | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Please turn over and complete page 2

| How Were You Referred To Our Organization? | |
|--|--|
|--|--|

Do You Have Any Relatives Who Are Employed By This Organization? __Yes __No

Please Specify : _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? __Yes __ No

Please Specify : _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

| EMPLOYMENT | | | | |
|-------------------------------------|-----|---------|----------|--|
| Type of Work Desired | | | | |
| Hours desired (Mark all that apply) | Day | Evening | Weekends | |

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

| Your Signature: [| Date: |
|-------------------|-------|
|-------------------|-------|