

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. **\*\* PLEASE PRINT CLEARLY \*\*** 

\_\_Date / Position(s) applied for How did you find out about this job? 🖸 Window Sign 🗖 Employee Referral 📮 Walk-in 📮 Relative 🗖 Other **Applicant Information** First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Email Address: Street Address 
 City/State/Zip
 Phone (\_\_\_)
If hired, do you have a *reliable* means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_\_ Are you at least 18 years old? If you are under 16 years of age, can you furnish a work permit? Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.) Have you been convicted of a crime? 🛛 Yes 🔹 No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.) Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Employment Information Are you seeking full time, part time or temporary employment? \_\_\_\_\_\_ What hours and shift(s) would you prefer to work? List days and times you are <u>not</u> available to work: \_\_\_\_\_\_ Are you willing Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_ Have you ever worked for or applied at Pie-tanza in the past? \_\_\_\_\_ If yes, name used and date applied: Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_ Have you ever been terminated from a job? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? \_\_\_\_\_\_ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

## Education (circle highest level completed)

Elementary: 1	4	2	3	4	5	6	7	8	Secondary: 9 10 11 12 G.E.D	College: 1 2 3 4 5 6 7 8
Name of School:							Name of School:	Name of School:		
Location of School:								Location of School:	Location of School:	

VV (	<b>Drk HIStOry</b> (please begin with	h most recent)										
1.	Company		Phone Number: ()									
	Address	_	City/State/Zip									
	Dates of Employment: From	То	Salary: Beginning	Ending								
	Position worked		Supervisor's Name & Title									
	Specific reason for leaving											
2.			Phone Number: ()									
	Address		City/State/Zip									
	Dates of Employment: From	То	Salary: Beginning	Ending								
	Position worked		Supervisor's Name & Title									
	Specific reason for leaving:											
]	For references purposes: Have you wo	orked for any of thes	e organizations or attended school under	a different name?								
Ι	If yes, give name and organization(s)											
I	May we contact the employers listed a	bove? If not, 1	ist the employers you do not wish us to c	ontact and why:								

## **Authorizations & At-Will Employment Agreement**

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

## AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature \_