



We are an "at-will equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status.

**PERSONAL INFORMATION:
MUST BE AT LEAST 16 YEARS OF AGE TO APPLY**

NAME (LAST NAME, FIRST NAME): _____ DATE: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____ CITY ZIPCODE

PHONE: _____ CELL PHONE: _____ CITY ZIPCODE

EMAIL ADDRESS: _____

REFERRED BY: _____ ARE YOU 16 YEARS OF AGE OR OLDER? _____

IN CASE OF EMERGENCY NOTIFY: _____ NAME PHONE

EMPLOYMENT DESIRED:

POSITION: _____

DATE YOU CAN START: _____ SALARY EXPECTED: _____

ARE YOU EMPLOYED? YES ___ NO ___

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ___ NO ___

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES ___ NO ___

WHERE? _____ WHEN? _____

IF IN COLLEGE/UNIVERSITY, ARE YOU ELIGIBLE FOR WORK-STUDY AID?

YES _____ NO _____ DON'T KNOW _____

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 GED	COLLEGE	POST GRADUATE	MAJOR	NO. OF YRS. COMPLETED	DEGREES OBTAINED	DATE LEFT OR GRADUATED
	1 2 3 4 5	2 3 4 5				
HIGH SCHOOL LOCATION						

COLLEGE OR UNIVERSITY LOCATION						
OTHER EDUCATION OR SPECIAL LOCATION TRAINING (INCLUDE MILITARY)						

GENERAL BACKGROUND INFORMATION

HAVE YOU EVER BEEN TERMINATED INVOLUNTARILY FROM A PAID OR VOLUNTEER POSITION OR SUSPENDED FROM AN EDUCATIONAL INSTITUTION?
 YES ___ NO ___
 (IF YES, PLEASE EXPLAIN CIRCUMSTANCES.)

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ IF YES,
 WHICH STATE(S) _____

DRIVER'S LICENSE NUMBER(S): _____

WHAT FOREIGN LANGUAGE DO YOU SPEAK FLUENTLY? _____
 READ _____ WRITE _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED: _____

WERE YOU EVER INJURED? YES ___ NO ___ GIVE DETAILS: _____

HAVE YOU ANY HEARING IMPAIRMENT? YES ___ NO ___

IN VISION? YES ___ NO ___ IN SPEECH?: YES ___ NO ___

WORKERS COMPENSATION LAW ALLOWS THE PREDESIGNATION OF A TREATING PHYSICIAN OR CHIROPRACTOR. IF YOU WISH TO PREDESIGNATE A CURRENT, PHYSICIAN

OR CHIROPRACTOR, INSERT NAME
HERE: _____

WORK EXPERIENCE (LAST 5 YEARS)

SHOW PRESENT OR LAST EMPLOYER FIRST AND WORK BACK. BE SURE TO LIST ALL EMPLOYERS FOR THE PAST 5 YEARS. USE ADDITIONAL PAGES, IF NEEDED. DO NOT DETAIL DUTIES AND RESPONSIBILITIES IF DESCRIBED IN A RESUME THAT YOU ARE ATTACHING.

1. COMPANY NAME:

YOUR TITLE: _____
COMPANY ADDRESS: _____
DATE STARTED: _____ DATE LEFT: _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ MAY WE CONTACT? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING _____

2. COMPANY

NAME: _____
YOUR TITLE: _____
COMPANY ADDRESS: _____
DATE STARTED: _____ DATE LEFT: _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ MAY WE CONTACT? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING _____

3. COMPANY

NAME: _____

YOUR TITLE: _____

COMPANY ADDRESS: _____

DATE STARTED: _____ **DATE LEFT:** _____

SUPERVISOR'S NAME & TITLE: _____

TELEPHONE: _____ **MAY WE CONTACT?** _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING _____

EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY: _____

What would your last manager/supervisor say about your job performance?

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work. I agree that the Company may obtain records from any state Department of Motor Vehicles to verify my driving record.
3. I understand that, except for the Owners of the Our Little Pizza Place Take & Bake LLC, no supervisor or manager may alter or amend the above conditions. Only the Owners of the Our Little Pizza Place Take & Bake LLC has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission on any information supplied in the application process may result in dismissal. Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment or my wages or salary, be terminated at any time without cause and any previous notice. I also accept the employer's right to enter an Alternative Dispute Resolution Procedure to resolve employment disputes.

Date: _____ Signature: _____

Return Application to:
Our Little Pizza Place Take & Bake, 3010 N Mooney Blvd, Suite 102, Visalia, CA, 93291
Or email: ourlittlepizzaplace@gmail.com

OFFICE USE ONLY

NO INTERVIEW

INTERVIEW

HIRE

DATE

TIME

YES

NO