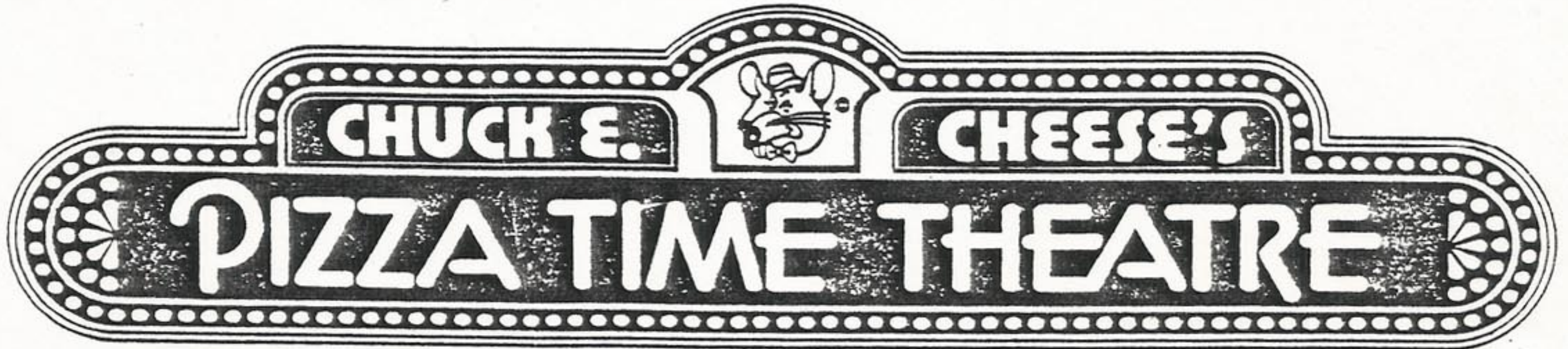


APPLICATION FOR EMPLOYMENT

RESTAURANT OPERATIONS HOURLY EMPLOYEE

11.08
1 of 2



AN EQUAL OPPORTUNITY EMPLOYER – M/F

Discrimination in employn.. because of race, creed, color, national origin, ancestry, age, sex, physical or mental handicaps, or liability for service in the armed forces of the U.S. is prohibited by federal legislation and/or by laws against discrimination in some states.

Personal

| | | | |
|--|--|--|--|
| NAME | (Last) | (First) | PHONE |
| ADDRESS | (Street) | (City) | (State) (Zip Code) |
| HOW LONG AT PRESENT ADDRESS | SOCIAL SECURITY NUMBER | | ARE YOU A CITIZEN OF THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CERTAIN POSITIONS REQUIRE A VALID DRIVERS LICENSE. DO YOU HAVE ONE <input type="checkbox"/> YES <input type="checkbox"/> NO | | HEIGHT | WEIGHT |
| WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY (Give Name, Phone, and Relationship) | | | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION IF YES, EXPLAIN. | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | HOW DO YOU PLAN TO GET TO WORK <input type="checkbox"/> MASS TRANSIT <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER | |
| ARE YOU UNDER 16 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU 18 YEARS OF AGE OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU 21 YEARS OF AGE OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Education

| NAME OF SCHOOL AND ADDRESS | DATES | | GRAD- UATED | | NO OF COLLEGE CREDIT HOURS | MAJOR | SCHO- LASTIC AVER- AGE |
|----------------------------|-------|----|----------------|----|-------------------------------------|-------|---------------------------------|
| | FROM | TO | YES | NO | | | |
| JUNIOR HIGH | | | | | | | |
| HIGH SCHOOL | | | | | | | |
| COLLEGE | | | | | | | |
| OTHER | | | | | | | |

EXTRACURRICULAR ACTIVITIES.

| | |
|---------------------------------------|---|
| PERCENTAGE OF COLLEGE EXPENSES EARNED | CURRENTLY ENROLLED IN HIGH SCHOOL WORK / STUDY PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------------------------------|---|

CLERICAL SKILLS

TYPE CASH REGISTER TEN KEY ADDING MACHINE CALCULATOR



Biographical Summary

- Please fill out this summary in your own handwriting.
- You may use a resume to supplement this summary. If you do — please fill in all requested information not included in your resume.
- Do not include any information revealing your race, religion or national origin.
- Items with an asterisk (*) are to be completed only after employment.

| | | | | | | |
|--|--------|--|------------------------|---|---------------------------------|---|
| WHAT IS YOUR NAME? | | Last | First | Middle Initial | *Maiden | DATE |
| PLEASE GIVE US YOUR PRESENT ADDRESS — Include City | | | | State | Zip Code | FROM |
| TELEPHONE NUMBERS WHERE WE CAN REACH YOU | | | SOCIAL SECURITY NUMBER | | *WHAT IS YOUR DATE OF BIRTH? | |
| *STATUS Check One Only | Male | Single | Married | Widowed | Separated | Divorced |
| | Female | 1 | 2 | 3 | 4 | 5 |
| | | | | | | *Number of Deductions for Withholding Tax Purposes <input type="checkbox"/> |
| | | | | | | *Spouse's First Name _____ |
| DATE AVAILABLE | | ARE YOU WILLING TO RELOCATE? | | | GEOGRAPHICAL PREFERENCE | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| WHAT TYPE OF WORK DO YOU DESIRE? | | | | | WHAT SALARY WOULD YOU CONSIDER? | |
| HOW OR FROM WHOM DID YOU LEARN ABOUT THIS JOB? | | | | HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WORKED FOR ANY PTT UNIT | | |

EDUCATION

| TYPE OF SCHOOL | NAME AND LOCATION OF SCHOOL | DATES ATTENDED | | | | GRADUATE | | DIPLOMA/DEGREE | GRADE AVERAGE | MAJOR FIELD(S) |
|---|-----------------------------|----------------|----|----|----|----------|----|----------------|---------------|----------------|
| | | From | | To | | Yes | No | | | |
| | | Mo | Yr | Mo | Yr | | | | | |
| High School | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Technical Trade or other Schools include Military | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| College or University | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

EMPLOYMENT HISTORY

| | | | |
|---|--------|--|-----------|
| WHAT IS THE NAME, ADDRESS, AND TELEPHONE OF YOUR PRESENT OR MOST RECENT EMPLOYER? | | | |
| TYPE OF BUSINESS, PRODUCT OR SERVICE IN WHICH THE ORGANIZATION IS ENGAGED? | | | |
| JOB TITLE AND RESPONSIBILITIES? | | | |
| WHAT IS OR WAS YOUR IMMEDIATE SUPERVISOR'S NAME? | TITLE? | WHEN MAY WE CONTACT? | |
| WHEN DID YOU START WITH THIS ORGANIZATION? | SALARY | WHEN DID YOU LEAVE THIS ORGANIZATION? | SALARY |
| WHAT DID YOU LIKE MOST ABOUT YOUR JOB? | | | |
| | | | |
| WHAT DID YOU LIKE LEAST? | | | |
| | | | |
| WHY ARE YOU CONSIDERING LEAVING OR WHY DID YOU LEAVE THIS ORGANIZATION? | | | |
| WHAT WAS THE NAME AND ADDRESS OF YOUR NEXT MOST RECENT EMPLOYER? | | | TELEPHONE |
| TYPE OF BUSINESS, PRODUCT OR SERVICE IN WHICH THE ORGANIZATION IS ENGAGED? | | | |
| JOB TITLE AND RESPONSIBILITIES? | | | |
| WHAT WAS YOUR IMMEDIATE SUPERVISOR'S NAME? | TITLE | BUSINESS ADDRESS (if Different From Company) | |
| WHEN DID YOU START WITH THIS ORGANIZATION? | SALARY | WHEN DID YOU LEAVE THIS ORGANIZATION? | SALARY |
| WHAT DID YOU LIKE MOST ABOUT YOUR JOB? | | | |
| | | | |
| WHAT DID YOU LIKE LEAST? | | | |
| | | | |
| DESCRIBE CIRCUMSTANCES CAUSING YOU TO LEAVE THIS POSITION. | | | |
| WHAT WAS THE NAME AND ADDRESS OF YOUR NEXT MOST RECENT EMPLOYER? | | | TELEPHONE |
| TYPE OF BUSINESS, PRODUCT OR SERVICE IN WHICH THE ORGANIZATION IS ENGAGED? | | | |
| JOB TITLE AND RESPONSIBILITIES? | | | |
| WHAT WAS YOUR IMMEDIATE SUPERVISOR'S NAME? | TITLE | BUSINESS ADDRESS (if Different From Company) | |
| WHEN DID YOU START WITH THIS ORGANIZATION? | SALARY | WHEN DID YOU LEAVE THIS ORGANIZATION? | SALARY |
| WHAT DID YOU LIKE MOST ABOUT YOUR JOB? | | | |
| | | | |
| WHAT DID YOU LIKE LEAST? | | | |
| | | | |
| DESCRIBE CIRCUMSTANCES CAUSING YOU TO LEAVE THIS POSITION. | | | |

| OTHER POSITIONS HELD | | DATES | | REASON FOR LEAVING | SALARY | |
|-----------------------------|--------------|----------|---------|--------------------|--------|-------|
| ORGANIZATION NAME & ADDRESS | TYPE OF WORK | STARTING | LEAVING | | START | LEAVE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

WHAT WERE YOUR DATES OF U.S. MILITARY SERVICE? WHAT TYPE OF DISCHARGE WERE YOU GIVEN? WHAT WAS YOUR RANK OR GRADE?

ARE YOU DRAWING A SERVICE DISABILITY ALLOWANCE?
YES NO If yes, explain:

DID YOU RECEIVE SPECIALIZED TRAINING OR EXPERIENCE?

DESCRIBE PARTICULAR SKILLS YOU HAVE:

ALL OF OUR EMPLOYEES ARE BONDED AT COMPANY EXPENSE. HAVE YOU EVER BEEN BONDED IN ANY POSITION? YES NO
HAVE YOU EVER BEEN REFUSED BOND? YES NO

HOW MUCH TIME HAVE YOU LOST FROM WORK OR SCHOOL IN THE LAST YEAR DUE TO ILLNESS? WHAT IS YOUR HEIGHT AND WEIGHT?

DO YOU HAVE ANY PHYSICAL HANDICAPS OR LIMITATIONS WHICH MIGHT INTERFERE WITH OR BE AGGRAVATED BY YOUR WORK?

DESCRIBE WORKMEN'S COMPENSATION CLAIMS YOU HAVE FILED:

ARE YOU MARRIED NOW? HAVE YOU EVER BEEN MARRIED?
YES NO YES NO

WHERE IS YOUR HUSBAND OR WIFE EMPLOYED? IN WHAT CAPACITY? HOW LONG?

RESIDENCE? OWN HOME RENT BOARD WHAT ARE THE AGES OF YOUR CHILDREN?
LIVE WITH PARENTS OTHER

IN CASE OF EMERGENCY WHO SHOULD BE NOTIFIED - NAME AND ADDRESS HOME PHONE
OFFICE PHONE

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?
YES NO

HAVE YOU BEEN INVOLVED IN AN AUTO ACCIDENT SINCE IN THE PAST FIVE YEARS?
YES NO If yes, explain:

| LIST TWO PEOPLE WHO CAN GIVE US AN IDEA OF YOUR ABILITY TO PERFORM THE KIND OF WORK FOR WHICH YOU ARE APPLYING. | WHAT ASPECTS OF YOUR WORK CAN THIS PERSON ACCURATELY EVALUATE? |
|---|--|
| NAME TELEPHONE | |
| ADDRESS | |
| ME TELEPHONE | |
| ADDRESS | |

PIZZA TIME THEATRE EMPLOYEE APPLICATION

Date of Origin: Circa 1977-1980

Archived: 1-11-13

Submission by VegaNova

Version 1.0

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