

2 For **1**

A1718

Application For Employment

			LOCATIO	N:					
Position Applied For:	Date Available to Begin Work:								
PERSONAL DATA:									
NAME: (Last):		First:					Middle:		
PRESENT ADDRESS: (No.# & Str	eet):						Apt. No	o.#:	
City:		Province:					Postal Code:		
PHONE #:()	Emergency (Contact:	Phone #:()	
Presently Employed:Yes	No)	May We Contact You at Work:			Yes	_Yes No		
Hourly Pay Expectations:	/hr.								
AVAILABILITY:			Sun	Mon	Tues	Wed	Thur	Fri	Sat
(I am available to work during these days and during these hours).		From:							
		To:							

EDUCATION:									
NAME OF EDUCATIONAL INSTITUTE	Highest Grade or Level	Name of Program or Course	Length of Program or Course	Degree/Diploma/ Certificate Received					
High School									
College/University									
Other									

GENERAL INFORMATION:								
How Were You Referred to Family Pizza (friend, newspaper, recruitment agency, etc.)?								
Have you ever been employed by Family Pizza Inc. or a Family Pizza Franchise?Yes,No								
Have You Ever Been Bonded ? Yes,No	Refused Bond ?	_Yes,	_No	Have You Ever Been Convicted of a Felony? Yes,No				
Do you have your Food Safe Certificate?Yes,No	Date Certified							

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EMPLOYMENT RECOR	D: (Give PRESI	ENT or Most F	Recent POSIT	TION FIRST. IF ADD	DITIONAL SPACE	IS REQUIF	RED, ATTACH SHEET.	
1. Company Name:				Employed (Month & Year): From:To:				
Type of Business/Industry:				Position Held:				
Address:				Phone #:				
Duties:								
Name & Position of Sup	ervisor:							
May We Contact?:	Yes,	No	Reason f	eason for Leaving:			Rate of Pay: /hr.	
2. Company Name:				Employed (M	Ionth & Year): F	from:	To:	
Type of Business/Industry:				Position Held:				
Address:				Phone #:			<u>+</u> :	
Duties:								
Name & Position of Sup	ervisor:							
May We Contact?:	Yes,	No	Reason f	n for Leaving:			Rate of Pay: /hr.	
REFERENCES: (EXCLUD	ING RELATIVI	ES, OR FORM	IER EMPLO	YERS).				
Name:		Occupation:			Phone #:		Year's Known:	
Name:		Occupation	on:		Phone #:		Year's Known:	
Name:		Occupation: Phon			Phone #:	Phone #: Year's Kn		

READ CAREFULLY:

I hereby certify that to the best of my knowledge and belief, the answers given to me to the foregoing questions and all statements made by me in this application are correct. I understand that any false information or material omission contained in this application is cause for my immediate dismissal. I understand and accept that should I be granted the position I am applying for, the 90 days of employment will be considered a probationary period during which time Family Pizza can terminate my employment, at its discretion without written notification. I hereby authorize Family Pizza or any of its representatives to verify the information given by me on this application.
DATE:
SIGNATURE OF APPLICANT:

OFFICE USE ONLY: ** To Be Completed ONLY AFTER an offer of employment has been accepted. **									
Position:	Rate of	f Pay:/hr	First Day Wor	rked:	Reference Check:yn				
S.I.N.:		Date of Birth:	(MM)	_(DD)	(YY):	Male	Female		
ATTACH TD-1:		PREPARED BY	ζ:			DATE:			