Application for Employment

Slice Pizza & Brew
Slice, LLC - 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**

Position(s) applied for ______________________________ Date __/__/______

How did you find out about this job? [ ] Newspaper [ ] Employee [ ] Walk-in [ ] Relative [ ] Other ______________________________

Why are you seeking a new job at this time? ______________________________

**Applicant Information**

First Name ____________________________ Middle ____________________________ Last ____________________________

Street Address ____________________________ Social Security No. ____________________________

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 18 years of age, can you furnish a work permit? ____________________________

If the job you are applying for requires driving: Driver’s License No. ____________________________ State _______ Expiration Date _______

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? (Massachusetts applicants should not include misdemeanor convictions; California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) [ ] 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 _______

List any special skills or training: ____________________________

**Employment Information**

Are you seeking full time, part time or temporary employment? ____________________________

What hours and shift(s) would you prefer to work? ____________________________

List times you are not available to work: ____________________________

Are you willing to work overtime? ______ Weekends? ______ Holidays? ______

Are you currently employed? ______ If hired, when would you be able to start? ____________________________

Have you ever worked for this organization before? ______ If yes, name used: ____________________________

List any friends or relatives employed by this company: ____________________________

Have you ever been discharged or asked to resign from any position? ______ 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: ____________________________

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Please describe: ____________________________________________________________

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D
Name of School: __________________________ Name of School: __________________________
Location of School: __________________________ Location of School: __________________________
If in high school, are you enrolled in a recognized co-op program? □ Yes □ No
If yes, identify program and school: ____________________________________________

College: 1 2 3 4 5 6 7 8
Name of School: __________________________
Location of School: __________________________
Degree & Major: __________________________
Minor: __________________________

Work History (please begin with most recent)

1. Company __________________________ Phone No. with Area Code (_____
Address __________________________ City/State/Zip __________________________
Dates of Employment: From ________ To ________ Salary: Beginning ________ Ending ________
Job Title __________________________ Supervisor’s Name & Title __________________________
Describe duties briefly: ____________________________________________________________
Specific reason for leaving: ________________________________________________________

2. Company __________________________ Phone No. with Area Code (_____
Address __________________________ City/State/Zip __________________________
Dates of Employment: From ________ To ________ Salary: Beginning ________ Ending ________
Job Title __________________________ Supervisor’s Name & Title __________________________
Describe duties briefly: ____________________________________________________________
Specific reason for leaving: ________________________________________________________

3. Company __________________________ Phone No. with Area Code (_____
Address __________________________ City/State/Zip __________________________
Dates of Employment: From ________ To ________ Salary: Beginning ________ Ending ________
Job Title __________________________ Supervisor’s Name & Title __________________________
Describe duties briefly: ____________________________________________________________
Specific reason for leaving: ________________________________________________________

4. Company __________________________ Phone No. with Area Code (_____
Address __________________________ City/State/Zip __________________________
Dates of Employment: From ________ To ________ Salary: Beginning ________ Ending ________
Job Title __________________________ Supervisor’s Name & Title __________________________
Describe duties briefly: ____________________________________________________________
Specific reason for leaving: ________________________________________________________

For references purposes: Have you worked for any of these organizations or attended school under a different name? ______
If yes, give name and organization(s)

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why:

__________________________________________________________

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Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

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 for 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 __________________________________________________________________________  Date __________________________________________________________________________

Name (please print) ________________________________________________________________________

MASSACHUSETTS EMPLOYMENT ONLY: An application for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

MASSACHUSETTS & MARYLAND EMPLOYMENT ONLY: An employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and/or subject to criminal penalties and civil liabilities.