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		Dat	:e/_	/
How did you find out about this job?	□ Newspaper □ Employee □ Wal	k-in □ Relative □ Other	r	
Why are you seeking a new job at this	time?			
Applicant Informati	on			
First Name	Middle	Last		The state of the s
Street Address	Social Sec	curity No		
	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, car	ı you furnish a work permit	:?	
If the job you are applying for requires	s driving: Driver's License No	State	Expiration	on Date
	ent in the U.S.? (Proof of U.			
clude marijuana-related convictions that of	assachusetts applicants should not include courred more than 2 years prior to the appl e dates and places. (NOTE: The existence of	ication date.)	No If yes,	state the nature of the
	If yes, give dates of service: Fr			
List any special skills or training:				
Employment Inform	ation			
Are you seeking full time, part time or	temporary employment?			****
What hours and shift(s) would you pre	fer to work?			
List times you are not available to wor	k?			
Are you willing to work overtime?	Weekends? Holida	ys?		
Are you currently employed?	If hired, when would you be able	to start?		
Have you ever worked for this organiz	ation before? If yes, name	e used:		
List any friends or relatives employed	by this company:			
Have you ever been discharged or aske	ed to resign from any position?	If yes, please describe):	
If applicable, please refer to the attachetasks with or without reasonable accomperform, and explain what type of accompanies.	nmodation? Please describe wh	vhich you are applying. Ar ich tasks, if any, you will n	e you able	to perform all these modation to

9	1 2 2 1 5 6 7 0	C 1 0 10 1				
	ntary: 1 2 3 4 5 6 7 8			College: 1 2 3 4 5 6 7 8		
lame of School: Name of School:						
	ocation of School: Location of School:			Location of School:		
f in high school, are you enrolled in a recognized co-op program? Yes No			☐ Yes ☐ No	Degree & Major:		
yes,	identify program and school:			Minor:		
Wc	ork History (please begin wi	th most recent)				
1.	Company P			Area Code ()		
	Address		City/State/Zip	City/State/Zip		
	Dates of Employment: From	То	Salary: Beginn	ning Ending		
	Job Title		Supervisor's N	Supervisor's Name & Title		
	Describe duties briefly:					
	Specific reason for leaving:					
2.	Company		Phone No. with	Area Code ()		
	Address City/Sta		City/State/Zip	ate/Zip		
	Dates of Employment: From	То	Salary: Beginn	ning Ending		
	Job Title		Supervisor's N	Supervisor's Name & Title		
	Describe duties briefly:					
	Specific reason for leaving:					
3.				Area Code ()		
	Address		City/State/Zip	City/State/Zip		
	Dates of Employment: From	То	Salary: Beginn	ing Ending		
	Job Title	** 1074-1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 ** - 1 **	Supervisor's N	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	То	Salary: Beginn	ing Ending		
	Job Title		Supervisor's Na	ame & Title		
	Describe duties briefly:					
	Specific reason for leaving:					

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 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	Date	
Name (please print)		
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.