



Vito's Pizza & Beer

APPLICATION FOR EMPLOYMENT



EQUAL OPPORTUNITY EMPLOYER

In order for you to be considered for employment, this application must be filled out in its ENTIRETY

Name (Print in ink)				Today's date:			
Current Address							
Previous Address				E-Mail Address			
Social Security Number			Work Phone No		Alternate Phone No		
Do you have obligations that may conflict with your schedule? School sports, band, scheduled vacation etc. Yes No			Home Phone No		Cell Phone No		
			What position are you applying for?				
Are you over the age of 18? Yes No			Have you completed a R.A.M.P. or Serve Safe training course? Yes No If so, circle program name above. Is your certificate still valid? Yes No				
Do you have the legal right to work the United States? Yes No							
Date you are available to start employment:		How many hours per week do you expect to work?		Expected hourly rate:		Expected weekly earnings:	
Work Schedule Availability							
What shifts/hours can you work? Shifts may start as early as 9AM and end as Late as 3AM (please list the start and end time for each shift)							
Shift	Mon	Tue	Wed	Thurs	Fri	Sat	
Day							
Night							

Are you willing to work a split shift? Yes No Are you willing to stay late in an emergency? Yes No

Are you willing to work holidays / weekends? Yes No Is your schedule flexible so you can attend trainings and meetings? Yes No

Education / acquired skills	Name and location of school	Last year completed	Courses majored in	Graduate / List Degrees
High School		9 10 11 12		Yes No
College		1 2 3 4		
Other				

Have you been convicted of a felony, or been incarcerated in connection with a felony, in the past 10 years? (You do not have to disclose any convictions that have been annulled, expunged, erased, pardoned, or sealed by a court. A Conviction will not necessarily exclude you from employment.)	Yes NO
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If you answered Yes please explain:

Work History - List your last 3 jobs. Please fill out all information completely

	Current or most recent job	Previous Job	Pervious Job
Company Name			
Company Address			
Company Phone Number			
Name and title of Immediate supervisor			
Job title / position			
Dates of Employment	Starting M/Y:	Starting M/Y:	Starting M/Y:
	Ending M/Y:	Ending M/Y:	Ending M/Y:
Reason for leaving			
May we contact this employer	Yes No	Yes No	Yes No
Rate of pay	Starting \$	Starting \$	Starting \$
	Ending \$	Ending \$	Ending \$

References Names of three persons not related to you, whom you have known for at least one year

Name	Address	Business	Years Known

Are you presently employed or have you ever worked for a pizza / quick service type restaurant? Yes
No

If yes, state restaurant, dates of employment, and reason for leaving

I certify the facts set forth in application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. I authorize Lenik Inc. to check all personal and employment references & to verify all information I have included on this application form.

I understand & agree that this application, policies, practices and procedures, and all other communications distributed to me by Lenik Inc. do not constitute or supplement any contract of employment. If I am hired, I understand and agree that all benefits, policies, and procedures may be changed by Lenik Inc. at any time, with or without notice. I further understand and agree that I have the option to terminate my employment relationship with Lenik Inc., with or without cause and with out notice at any time, and that Lenik Inc. retains a similar right.

I understand & agree that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with company procedures.

Signature of Applicant

Date