



# APPLICATION FOR EMPLOYMENT

Sardella's Pizza and Wings, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any bases including race, color, age, sex, religion, national origin, the presence of mental physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

**PLEASE COMPLETE ENTIRE APPLICATION TO ENSURE PROCESSING**

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE
OTHER NAMES YOU ARE/HAVE BEEN KNOWN BY:			ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(All new hires will be required to provide proof of eligibility to work in the United States).</small>		Have you been convicted of a crime in the last seven(7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If YES, list convictions that are a matter of public record - arrests are not convictions. A conviction will not necessarily disqualify you for employment).</small>		
PRESENT ADDRESS	STREET	CITY	STATE	ZIP CODE
PERMANENT/MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	DAY-TIME ( )	EVENING ( )	CELL ( )	WHO REFERRED YOU?

EMPLOYMENT DESIRED (Please keep in mind that the availability of hours may vary)							
Position:	Location:	Compensation Desired: \$ /hr		Date you can start?			
Specify hours available for each day of the week:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Are you able to work overtime, early morning hours or late evening hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever worked for Sardella's Pizza and Wings? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, when?		If YES, what location?		
Are you able to perform the essential functions of the position you are applying for, with or without a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO				If you are requesting a reasonable accommodation under the ADA, please explain:			

CURRENT EMPLOYER (List below current and last three (3) employers, starting with the most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you are attaching a resume)				
Date From	Current Employer (Name and address of Employer - Type of Business)	Compensation	Position	Reason for Leaving
Date To				
Duties Performed:				
Immediate Supervisor's Name and Title:		Direct Phone Contact No.	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PAST EMPLOYER (#1)				
Date From	Employer #1 (Name and address of Employer - Type of Business)	Compensation	Position	Reason for Leaving
Date To				
Duties Performed:				
Immediate Supervisor's Name and Title:		Direct Phone Contact No.	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PAST EMPLOYER (#2)				
Date From	Employer #2 (Name and address of Employer - Type of Business)	Compensation	Position	Reason for Leaving
Date To				
Duties Performed:				
Immediate Supervisor's Name and Title:		Direct Phone Contact No.	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PAST EMPLOYER (#3)				
Date From	Employer #3 (Name and address of Employer - Type of Business)	Compensation	Position	Reason for Leaving
Date To				
Duties Performed:				
Immediate Supervisor's Name and Title:		Direct Phone Contact No.	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DRIVER'S SECTION				
If you are applying for a driver's position, THIS SECTION MUST BE COMPLETED. If you are applying for an in-store position, completion of this section is voluntary.				
VEHICLE INFORMATION	YEAR	MAKE	MODEL	Are you the legal owner of this vehicle? <input type="checkbox"/> YES If not, please name owner. <input type="checkbox"/> NO
Vehicle Identification Number	License Plate Number	Insurance Company Name		Insurance Policy Number
Insurance Agent's Name, Address and Telephone Number				Amount of Liability Coverage (Limit)
Your Driver's License Number	State	Expiration Date	List all traffic violations for the last three years	
Have you ever had a license suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date From	Date To		
	Date From	Date To		

REFERENCES			
Give below the names of three (3) PROFESSIONAL references, whom you have known for at least one (1) year. Do not provide Personal References.			
NAME	ADDRESS	PHONE	YEARS ACQUAINTED How do you know this person?

***Please Read Completely and Carefully ... and then Sign Below***

I certify that all of the information provided by me in this application (or any of the accompanying or required documents is correct, accurate and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations or omissions of any facts in this application and other documents submitted will be cause for denial of employment or immediate termination of employment regardless of the timing and/or circumstances of discovery.

I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Sardella's, that such employment with Sardella's is *at-will*, for no specific duration, and may be terminated by either Sardella's or myself at any time, with or without cause or notice. I also understand that while personnel policies, programs, and procedures may of necessity change from time-to-time, such At-Will status is not subject to change, absent a written agreement signed by Sardella's President or a designated authorized representative. I understand that none of the documents, policies, procedures, actions, statements of Sardella's or its representatives used during the employment process is deemed a contract of employment, real or implied.

I hereby authorize Sardella's, and/or its assigns to investigate my personal history for any/all information that references my work history, work integrity and other issues that may be important and legal for Sardella's to obtain.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me, to provide such information to Sardella's and/or any of its representatives or assigns/agents. I further release all parties involved from any and all liability for any and all damages, real or perceived, that may result from providing such information.

This application for employment shall be considered active for a period of time, not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**By signing below, I acknowledge that I have read, understand and agree to the above statements and conditions.**

\_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE**

Date application rec'd.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Date 1<sup>ST</sup> Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewed by: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Date 2<sup>ND</sup> Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewed by: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Date of Emp. Offer: \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Title: \_\_\_\_\_ Site Location: \_\_\_\_\_