

# APPLICATION FOR EMPLOYMENT



Name:		Date:	
Social Security #:		Birthdate:	
Address:		Sex: (Circle One) M F	
City, State, Zip:		Race: (Circle One) White Black Hispanic Other:	
Phone:		Email Address:	
Are you a US Citizen? (Circle One) Y N		If No, give Visa # and expiration date:	
Emergency Contact Name:		Emergency Contact Phone:	Emergency Contact Relation:

## EDUCATION

(Circle the highest level completed) High School 9 10 11 12 College 1 2 3 4 5

Name of High School:	Technical School:
Name of College:	Degree:

## EXPERIENCE *Please list any experience or training applicable to this position.*


## EMPLOYMENT HISTORY

Dates		Employer	Job Duties	Reason for leaving
From:	To:			
From:	To:			

## EMPLOYEE AVAILABILITY CHART

Please use "C" for **Can work this shift** or "X" for **Cannot work this shift**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

Have you ever worked for i Fratelli? (Circle One) Y N *If Yes, which location?*

**DISCLOSURE AND RELEASE FORM**

**LOCATION:**

Do you presently have or have you ever had a physical condition or ailment such as epilepsy, diabetes, or any other physical or mental condition that would subject you to seizures, blackouts, dizzy spells, unconsciousness or any other condition that would affect your ability to operate a motor vehicle if employed with i Fratelli? *If yes, please explain in complete detail.*

Have you had a problem with alcohol or drug abuse in the past five (5) years? *If yes, please explain in complete detail.*

Have you ever had your driver's license revoked, suspended or restricted in the past five (5) years? *If yes, please explain in complete detail.*

In connection with my application for employment at i Fratelli, I understand that reports which may contain public record information may be requested. These reports may include the following type of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request the nature and substance of all information in file on me, including the sources of information, and the recipients of any reports on me. I hereby consent to your obtaining the above information.

I hereby authorize procurement of report(s). If hired, this authorization shall remain on file.

<b>Print Name</b>		<b>Social Security #</b>		
<b>Applicant's Signature</b>		<b>Date</b>		
<b>Driver's License #</b>	<b>State of License</b>	<b>Date of Birth</b>		

Address	Apt. #	City	State	Zip
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