MESA PIZZA BY THE SLICE



Sunday

Monday

Tuesday



Saturday

APPLICANT INFORMATION								
Last Name	First	M.I.	Date					
Street Address		Apartment #						
City	State	ZIP						
Phone	E-mail Address							
Social Security Number								
Position Applied for (circle one or more) Counter Delivery- Attach copy of Insurance Kitchen								
Are you authorized to work in the U.S.? YES \(\simeq \)	0 🗆							
Have you ever worked for this company? YES \(\square\)	O If so, when?							
ADDITIONS								
APPLICANT QUESTIONS How did you hear of this job?								
Why do you want to work for Mesa Pizza?								
Have you ever been fired or released from a job as a disciplinary action? If so, please explain.								
What would your previous employer say about you?								
Please list any skills, training, or work experience pertinent to the position for which you are applying.								
What does good customer service mean to you?								
Please describe a situation where you experienced excellent customer service.								
What would you expect from Mesa Pizza if you were to work with us?								
AVAILABILITY								
When can you start?								
If hired, how long do you plan to work here?								
Number of hours desired per week during the school Du year	ring breaks	During	summers					
Do you have any commitments to another employer that m	ay affect your employment with us? Exp	olain.						
You will be required to work at least one weekend night until 3 or 4 am. Is this a problem? Yes No								
DI EACE ETI I IN VOLID HOLIDS OF AVAILABILITY								

Wednesday

Thursday

Friday

EDUCATION								
High School		Address						
	Did you graduate?	YES \(\Boxed{\omega}\) NO		De	gree			
College Address								
	Did you graduate?	YES \(\Boxed{\omega}\) NO		De	gree			
Other	_	Address						
	Did you graduate?	YES \(\square\) NO		De	gree			
DEEEDENCEC								
REFERENCES Please list three professional references.								
Full Name			Relat	ionsł	nip			
Company			Phon	e	()		
Address			<u> </u>					
Full Name		Relationship						
Company		Phon	e	()			
Address								
Full Name			Relat	ionsł	nip			
Company			Phon	e	()		
Address								
PREVIOUS EMPLOYMENT								
Company			Pho	ne	()	
Address			Sup	ervis	or			
Job Title		Starting Salary	\$				Ending Salary \$	
Responsibilities								
From To	Reason for Leavin	g						
May we contact your previous supervisor	for a reference?	YES	NO					
Company			Pho	ne	()		
Address			Sup	ervis	or			
Job Title		Starting Salary	\$				Ending Salary \$	
Responsibilities								

From	То	Reason for Leaving								
May we contact your	May we contact your previous supervisor for a reference? YES \(\square\) NO \(\square\)									
Company				Phone	()					
Address				Supervisor						
Job Title			Starting Salary	\$		Ending Sal	ary \$	\$		
Responsibilities			1		,	1				
From	То	Reason for Leaving								
May we contact your	previous superviso	or for a reference?	YES	NO \square						
DELIVERY DRIVER QUESTIONS Please answer these questions only if you are applying for the position of delivery driver. Do you have a valid driver's license? If yes, please list your state and license number. Do you have valid automobile insurance? If yes, please list your insurance company and policy number. Are you at least 18 years old and do you have at least two years of licensed driving experience? Please staple a copy of your automobile insurance card to this application. DISCLAIMER AND SIGNATURE "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application or during an interview shall be grounds for dismissal." "I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any and all liability for any										
damage that may resistance							Date			
PERMISSION TO CHECK MOTOR VEHICLE REPORT- ONLY SIGN IF APPLYING FOR DELIVERY DRIVER "I,										
Signature							Date			