



THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN. NO QUESTION ON THIS APPLICATION IS BEING ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

PERSONAL

Date of Application:		Social Security Number:		
Last Name	First Name	Middle Initial	List any other names used:	
Current Address:	Number Street	City	State	Zip
Permanent Address:	Number Street	City	State	Zip
Home Telephone:		Emergency Telephone Number:		
Are you 18 years of age or older?		Yes	No	If not, state your age:
If you are not 18 years of age or older, do you have a work permit?			Yes	No
Are you legally eligible to work in the United States?		Yes	No	
The U.S. Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and compylobacter, may prohibit you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves serving food or handling food equipment in a sanitary or healthy fashion. Can you, with or without reasonable accommodation, perform this essential function of this job? Yes No				
Have you ever been convicted of a crime? Yes No If yes, please give details:				
Position Desired:		Date Available for Work:		Pay Expected:
Have you ever worked for Cottage Inn Pizza before? Yes No If yes, when?				
How did you learn of Cottage Inn Pizza?				
Do you have any experiences, skills, or qualifications that you feel would especially fit you for work in our organization?				
AVAILABILITY				
How many hours per week are you available to work?				
Please indicate the hours you are <u>available</u> to work, please specify day or night shift:				
Monday _____	Tuesday _____	Wednesday _____	Thursday _____	
Friday _____	Saturday _____	Sunday _____		
List any considerations in your week that may have an impact on your scheduling shifts, (i.e. school):				

EDUCATION & MILITARY SERVICE RECORD

School	Name & Address	Circle Last Year Completed	Did You Graduate?	List Degrees or Number of Hours Completed
High		9 10 11 12	Yes No	
College		1 2 3 4	Yes No	
Other		1 2 3 4	Yes No	

Were you in the Armed Forces of the United States, or in a State Militia? Yes No

If yes, dates of duty: From: _____ To: _____ Rank at Discharge: _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name & Address:	Telephone Number:
Job Duties & Name of Supervisor:	Employed (month and year): From: _____ To: _____
Reason for Leaving:	Pay Rate: Start: _____ Last: _____
Company Name & Address:	Telephone Number:
Job Duties & Name of Supervisor:	Employed (month and year): From: _____ To: _____
Reason for Leaving:	Pay Rate: Start: _____ Last: _____

Please list the names, addresses and telephone numbers of three people who know you well and who may be called for a reference (no relatives):

- 1) _____
- 2) _____
- 3) _____

The facts set forth in my employment application are true and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize investigation of all statements contained in this application. I release from all liability, all persons, companies, and corporations supplying such information and I indemnify this employer against any liability, which might result from making such investigation. I agree that my employment and compensation is for no definite period, regardless of the date of payment of my wages, and I can be terminated with or without notice at any time at the option of either this employer or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this employer, and that no representative of this employer has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I hereby authorize the company to conduct an investigative consumer report on me, as defined in public law 91-506; and I understand that such report may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that if any inquiry is made, more information as to its nature and scope will be supplied upon written request.

Signature of Applicant: _____ Date: _____