



Store Location: _____

SAROKI'S CRISPY CHICKEN AND PIZZA IS A NON-SMOKING FACILITY

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT CLEAR

PERSONAL

Name: _____ Social Security No. _____
(last) (first) (middle)

Address: _____
(number and street) (apt. no) (state) (zip)

Telephone Number: (____) _____ Cell Phone: (____) _____

Are you legally authorized to work in the United States _____ (proof of eligibility to work in the U.S. will be required upon employment)

Have you filled out an application with us before? _____ If yes, state where and when: _____

Please list any friends or relatives employed by us: _____

How were you referred to Saroki's Pizza? _____ Self: _____ Online Ad _____: Employee Referral: _____ Job
Fair: _____ College _____ Employment Agency: _____ Other: _____

Do you have a valid driver's license? _____ Do you have access to reliable transportation? _____

Have you ever been convicted of a felony? Yes ___ No ____ If yes, state where and when: _____

EMPLOYMENT DESIRED / AVAILABILITY

Position: _____ Date you can start: _____

Salary desired: _____ Total hours available to work: _____

Are you available to work: Holidays _____ Days _____ Evenings _____ Weekends: _____

Please indicate the hours per day that you are available each day below

	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM							
TO							

EDUCATION:

HIGH SCHOOL: _____ GRADUATED: Y ___ N ___

COLLEGE _____ GRADUATED: Y ___ N ___

OTHER: _____ GRADUATED: Y ___ N ___
Please list any other education, training certificates, computer or special skills that you possess that are related to the job for which you are applying _____

EMPLOYMENT

Beginning with your present or most recent experience, list your last three (3) employers, assignments and/or volunteer activities including any military experiences. If you have had less than three (3) employers, use the remaining spaces for personal references that are not related to you.

COMPANY: _____ TEL #: _____ FROM: _____ TO: _____

ADDRESS: _____
(no. and street) (city / state) (zip)

SUPERVISOR: _____ MAY WE CONTACT? Yes ___ No ___

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ TEL #: _____ FROM: _____ TO: _____

ADDRESS: _____
(no. and street) (city / state) (zip)

SUPERVISOR: _____ MAY WE CONTACT? Yes ___ No ___

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

REASON FOR LEAVING: _____

Delivery Drivers Only

Insurance Company
Name: _____ N/A _____ Policy#: _____ N/A _____
Driver's License #: _____

Any moving violations in the last five (5) years? List all, if any: _____ N/A _____

REFERENCE _____ TEL#: _____ RELATIONSHIP _____

ADDRESS: _____
(no. and street) (city / state) (zip)

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

- I certify that the information provided by me in this application is true and complete. I understand that any falsification, omission, or misrepresentation made by me on this application is grounds for refusal to hire, or if hired, terminated.
- I authorize an investigation of all statements contained in this application and authorize any of the persons or organizations referred in this application to give you any and all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to any subjects covered by this application, and I release all parties from all liability for any damage that may result for furnishing such information to you.
- I understand that wages, and conditions of employment may be changed from time to time at the discretion of an employer without prior notice.
- I acknowledge that said employer reserves the right to amend or modify any and all of their policies at any time, without prior notice.
- I acknowledge that if I am employed at will and the employer is free to terminate my employment at any time, for any reason, with or without cause and I have the same rights.
- I acknowledge that no one other than your employer can enter into any written agreement without having the permission in writing and signed by your employer.
- I understand that this application for employment will remain active for 30 days from today. Upon expiration it will be my responsibility to fill out a new application.