

DAVENPORT'S PIZZA PALACE, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS- NUMBER & STREET		CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)- NUMBER AND STREET		CITY	STATE	ZIP
HOME PHONE	ALTERNATE OR CELL PHONE		REFERRED BY	

EMPLOYMENT DESIRED

POSITION DESIRED	INTERESTED IN WORKING: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	WHEN CAN YOU START?	SALARY DESIRED
WHAT HOURS AND SHIFTS WOULD YOU PREFER TO WORK?		LIST TIMES YOU ARE NOT AVAILABLE TO WORK.	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO WHEN?	HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO WHEN?	LIST ANY FRIENDS OR RELATIVES EMPLOYED OR PREVIOUSLY EMPLOYED BY THIS COMPANY.	

EDUCATION

NAME & LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

GENERAL INFORMATION

SPECIAL SKILL CERTIFICATION		
U.S. MILITARY SERVICE	DATES	RANK
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO PLEASE EXPLAIN.		

PREVIOUS EMPLOYMENT (LIST MOST RECENT FIRST)

DATES	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & TITLE	SALARY	REASON FOR LEAVING

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? (IF NOT LIST EMPLOYERS YOU DON'T WANT CONTACTED AND WHY)

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PERSONAL REFERENCES (PLEASE LIST THREE REFERENCES, OTHER THAN RELATIVES, WHO CAN PROVIDE INFORMATION REGARDING YOUR QUALIFICATIONS OR CHARACTER)

NAME	COMPANY	ADDRESS	PHONE	YEARS KNOWN

AUTHORIZATION & AT-WILL EMPLOYMENT AGREEMENT

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

COMMENTS:

INTERVIEWED BY: _____ DATE: _____

COMMENTS:

DATE HIRED	POSITION	WILL REPORT TO WORK ON	SALARY

APPROVED BY: _____ DATE: _____