

# New Employee Information



Employee Data			
Name:		SSN:	
Current Address:			
City:	State:	Zip:	
Phone:	How long have you resided at current address?		
Prior Address:			
City:	State:	Zip:	
Phone:	How long have you resided at prior address?		
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Have you worked for Anna's Pizzeria in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?	
Names of friends or relatives who presently work for Anna's Pizzeria:			

Emergency Contact Information			
Name	Relationship	Address	Phone
			Home Cell
			Home Cell

Position Desired							
Position:		Desired Weekly Salary:			Date you can start:		
Availability:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment History			
List your past three (3) employers, beginning with the most recent.			
Company	Address	Phone	Supervisor
1.			
2.			
3.			

## Educational Background

List the past three (3) schools you attended, beginning with the most recent.

Name & Address	Years Completed	Did you graduate?	Major/Degree
1.			
2.			
3.			

## General

List any foreign languages you speak and check your level of fluency:

	<input type="checkbox"/> Minimal <input type="checkbox"/> Fluent <input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Minimal <input type="checkbox"/> Fluent <input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Minimal <input type="checkbox"/> Fluent <input type="checkbox"/> Read <input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:


## Security

Have you ever been bonded?  Yes  No

If so, explain:

Have you been convicted of a felony within the past 5 years?  Yes  No

If so, explain (this will not necessarily exclude you from consideration):


## Military

Have you served in the military?  Yes  No Branch:

Dates served: From / / to / / Rank:

Do you have any military commitment, including National Guard service that would influence your work schedule?  Yes  No If so, explain:

Are you a Vietnam veteran?  Yes  No Are you a special disabled veteran?  Yes  No

**Reasonable Accommodations:** In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordination.

## Authorization

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 will be grounds for dismissal.

Employee Signature:	Date:
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