



# APPLICATION FOR EMPLOYMENT

Chello Grill is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

## INTRODUCTORY QUESTIONS:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## APPLICANT QUESTIONS:

Type of worked desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_  
If hired, can you provide documents required to establish your eligibility to work in the U.S. Yes \_\_\_\_ No \_\_\_\_  
Are you 16 years of age or older? Yes: \_\_\_\_ No: \_\_\_\_  
How were you referred to Chello Grill? \_\_\_\_\_  
Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? DWI? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

## EDUCATION:

### High School or last grade completed:

Name & Address of School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_  
Degree/Diploma: \_\_\_\_\_

### College or Technical School

Name & Address of School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_  
Degree/Diploma: \_\_\_\_\_

### Other Schooling or Training

Name & Address of School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_  
Degree/Diploma: \_\_\_\_\_

## MILITARY EXPERIENCE:

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank/Type of Service \_\_\_\_\_  
Job-Related Training/Experience: \_\_\_\_\_

## Availability to Work:

Monday - Tuesday - Wednesday - Thursday - Friday -  
Saturday - Sunday -

## Record of Employment: (List positions starting with the most recent)

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

	<u>NAME &amp; CONTACT INFORMATION:</u>	<u>OCCUPATION:</u>	<u>YEARS KNOWN:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**STATEMENT - PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING:**

I understand that employment with Chello Grill is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize Pizza 9 to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Pizza 9, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that Pizza 9 may require the successful completion of a drug and/or alcohol test as a condition of employment. I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_