Employment Application For Wedgy's Pizza Store #: (An Equal Opportunity Employer) Date: PERSONAL INFORMATION (PLEASE PRINT) Name (last/first/middle) Present Address Permanent Address Are you legally eligible for employment in the U.S.? Yes No. IN CASE OF EMERGENCY, NOTIFY: ____ Phone (A conviction will not necessarily prohibit you from being employed. **EMPLOYMENT/EDUCATION INFORMATION** Availability: ☐ Full time ☐ Part time ☐ Temporary Circle any days you cannot work: S M T W Th F S _____Approximate hours per week you wish to work:___ What hours can you work? Are you able to work holidays? The No Some NOTE: Employees may be required to work at least one weekend night. Do you have any previous pizza, restaurant, or delivery experience? Yes No Where? School most recently attended: Location: Last grade completed: ___ __ Degree or diploma ___ FORMER EMPLOYERS: (please start with most RECENT job first) DATE: RATE OF **MONTH & YEAR** NAME AND ADDRESS OF EMPLOYER PAY POSITION REASON FOR LEAVING FROM TO PHONE: (FROM TO PHONE: (FROM TO PHONE: (REFERENCES: (Give names of two people NOT related to you, whom you have known at least one year.) **YEARS** NAME **ADDRESS BUSINESS ACQUAINTED** PHONE: (

PHONE: (

VEHICLE

VERICLE	
VEHICLE INFORMATION	State
Car Make Year	Current Driver's License #
License Plate # State	1 Year Ago:
Insurance Company	2 Years Ago:
Insurance Company Address	Phone ()
Agent's Name	Amount of liability coverage
Policy effective date	Policy expiration date
List below all traffic violations within the last three years, exclude	fing parking violations. Include date, violation and penalty:
I verify I have at least a two year uninterrupted driving history.	☐Yes ☐ No If no, explain:
EMPLOYEE/TEAM MEMBER AGREEMENT	
company, to obtain my Motor Vehicle Record to verify the above I also understand that if my record does not meet company req	
I understand that I must have liability coverage while I am drivir damage to my vehicle.	ng and that Wedgy's Pizza nor any affiliated company is not responsible for physical
I UNDERSTAND THE IMPORTANCE OF SAFETY AND AGRE	EE TO THE FOLLOWING SAFETY POLICIES WHILE WORKING:
 if my vehicle is not in good working order. To wear my safety belt at all times. To keep food products I am delivering level at all times. To never drive after having consumed drugs or alcohol. No persons other than on-the-job employees and authorideliveries. I understand that if management requires that I take a dr To promptly notify my manager when I have received a ti To promptly notify my manager when my driving privilege To promptly notify my manager when there has been any 	ized security personnel are permitted to ride in my delivery vehicle while making river's safety class, failure to do so may result in termination of my employment. icket or have been arrested for any driving-related offenses. es have been suspended, revoked, or restricted. y change in my car insurance. If the use of a car while I am working, whether or not it results in any injury to any person ass of who I believe is at fault.
I HAVE READ AND UNDERSTAND THE ABOVE EMPLOYME	NT/TEAM MEMBER AGREEMENT.
Signature	Date
I certify that the facts contained in this application are true and on this application may be grounds for dismissal.	complete to the best of my knowledge and understand that, if employed, false statements
I authorize investigation of all statements contained herein. I fur previous employment and any other pertinent information they may result from furnishing same to you.	rther authorize all listed references to give you any and all information concerning my have, personal or otherwise, and release all parties from all liability for any damage that
I give authorization to check my Motor Vehicle Record (MVR) at violations other than those listed in the vehicle information section.	nd attest that, to the best of my knowledge, my motor vehicle record does not include ion above.
I further understand and agree that, if hired, my employment is relationship at any time, with or without cause, with or without n	for not definite period and either I, or the Company, can terminate the employment notice.
Signature	Date

This application for employment will expire 90 days from the date it is signed. This company conforms to The Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.