

EXPERIENCE List previous jobs – start with last employer first:			
Employer	Address	From	To
		--	
Your Title	Supervisor	Start Salary _____	Last Salary _____
Duties		May we contact?	
Reason for leaving:			
Employer	Address	From	To
		--	
Your Title	Supervisor	Start Salary _____	Last Salary _____
Duties		May we contact?	
Reason for leaving:			
MEDICAL			
Do you have any physical condition that may limit your ability to perform the job applied for? Yes_____ No_____			
If yes, explain: _____			
Would you agree to take a physical examination? Yes_____ No_____			
In emergency, notify: _____			
Name	Address	Phone	
_____	_____	_____	
Name	Address	Phone	
_____	_____	_____	
REFERENCES			
List 2 persons who have known you for at least one year. Do not include relatives or Straw Hat employees.			
_____	_____	_____	May we contact? _____
Name	Telephone	Occupation	
_____	_____	_____	May we contact? _____
Name	Telephone	Occupation	
_____	_____	_____	
<p>I authorize investigation of all statements contained in this application form if I am considered for employment, and I hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may not be on their records. I also authorize a credit report.</p> <p>I understand that misrepresentation or omission of the facts called for herein, receipt of unsatisfactory references, or failure to pass a prescribed physical examination will be sufficient cause for dismissal if I shall have been employed.</p> <p>I understand there is a probationary period and that either or us may terminate our work relationship during this probationary period for any reason. I further understand that if I am hired, my employment with Straw Hat Pizza will be on an "at-will" basis which means that my employment may be terminated at any time, with or without cause or advance notice, either by myself or the company. I further understand that the "at-will" nature of employment with the company is one aspect that cannot be changed except by a written document signed by the president of the company. I understand that flexibility in work hours is necessary.</p>			
Date _____		Applicant's Signature _____	
FOR MANAGER'S USE ONLY			
Interview Date _____		Work permit? Yes_____ No_____	
Start Date: _____		Position: _____ Wage: _____	