A&B Pizza

311 South 7th Street
Bismarck, ND 58504
(701) 222-3108
(701) 667-8733 Fax

Today's Date _____

Application for Employment

An Equal Opportunity Employer

Please complete each section in full. Any applicant providing unrequested information will be automatically rejected. Any applicant needing assistance in completing this application may request accomidations to enable you to complete this application. It is the policy of this company to afford equal oppourtinty to all employees and applicants as deemed by Federal, State, or Local law.

PLEASE PRINT

Personal Information

Name (Last, First, Middle):		Home Phone:
Street Address:		Work Phone:
City, State, Zip:		Are you eligible to work in the United States?
Date of Application:	Are you at least 16 years of age?	Full Time or Part Time?

Desired Employment

Position applying for:	Date you can start:	Salary desired:
Are you related to any current company employee?	If YES, their name & their relationship to you?	
Are you currently employed (company)?	If YES, what is your current job title?	
If you are employed now, may we inquire with your present employer?	Name of last supervisor at that company?	

Education

Name of School	City, State	Did you graduate?	If YES, date of Graduation

Additional Qualifications

Special training or certifications:	Special skills:
If applying for the delivery position, do you have a valid driver's license?	
Issuing State of License:	License number:
Has your license been revoked or suspended? If yes, state reason(s), date of revocation or suspension, and date of reinstatement:	

What driving infractions have you had in the past five years?
Do you have any restrictions on your license?

Work Experience/ Employment History

List below all present and past employment starting with your most recent employer.

Name of present or last employer:				
Address		City	State	ZIP
Starting date:	Leaving date:	Job title:		
Initial pay rate:	Final pay rate:	May we contact this employer? (we will contact past employers to verify previous employment)		
Name of supervisor:		Title:		Telephone:
Description of work:				
Reasons for leaving:				

Name of present or last employer:				
Address		City	State	ZIP
Starting date:	Leaving date:	Job title:		
Initial pay rate:	Final pay rate:	May we contact this employer? (we will contact past employers to verify previous employment)		
Name of supervisor:		Title:		Telephone:
Description of work:				
Reasons for leaving:				

Criminal History

Have you ever been convicted of a crime? (convictions are not an absolute bar to employment but will be considered in relationship to the specific job requirements)
If yes, list date, nature of offenses, and where they occurred: (please note that a conviction will not automatically disqualify you from employment)

References

List below four persons you are not related to, who have knowledge of your work performance within the last five years

Name	Telephone	Nature of relationship	Years acquainted