

# **MOZZARELLA'S**

## **ITALIAN GRILL & BAR**

### **APPLICATION FOR EMPLOYMENT**

## APPLICATION FOR EMPLOYMENT

Prospective employee will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

\_\_\_\_\_  
**Last Name** **First Name** **Middle Initial**

\_\_\_\_\_  
**Social Security Number** **Date** **Position Desired**

\_\_\_\_\_  
**Street Address** **Home Phone**

\_\_\_\_\_  
**City, State & Zip** **Cell Phone**

Are you: 14-15  16-17  18 or Older  If Under 18, Proof of age must be provided prior to hiring

Have you ever been convicted of any crime? Yes  No

Are you legally eligible for employment in the United States? Yes  No

Type of employment desired: Full-Time  Part-Time

\_\_\_\_\_  
**Date available to start**

**Days and Hours Available to work (Please check any/all availability)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day
<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night

Education	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Which did you receive?
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree <input type="checkbox"/> Diploma <input type="checkbox"/>
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree <input type="checkbox"/> Diploma <input type="checkbox"/>
Elementary				Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree <input type="checkbox"/> Diploma <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree <input type="checkbox"/> Diploma <input type="checkbox"/>

**What are your hobbies, Special Interests and Activities?**  
*(Exclude those, which may disclose your race, color, religion or national origin)*

\_\_\_\_\_  
**Referred By**

<b>Internal Use Only</b>		
<b>Manager Review</b>	<b>Date</b>	<b>Interview Date</b>

## EMPLOYMENT HISTORY

Please provide a complete full-time and part-time employment record starting with your most recent employer.

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<b>Company #1 Name</b>	<b>Telephone Number</b>	
<b>Address</b>	<b>Date Employed From</b>	<b>Date Employed To</b>
<b>Job Title</b>	<b>Name of Supervisor</b>	<b>Weekly Earnings</b>
<b>Can we contact this employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If No, please state reason</b>		

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<b>Company #2 Name</b>	<b>Telephone Number</b>	
<b>Address</b>	<b>Date Employed From</b>	<b>Date Employed To</b>
<b>Job Title</b>	<b>Name of Supervisor</b>	<b>Weekly Earnings</b>
<b>Can we contact this employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If No, please state reason</b>		

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<b>Company #3 Name</b>	<b>Telephone Number</b>	
<b>Address</b>	<b>Date Employed From</b>	<b>Date Employed To</b>
<b>Job Title</b>	<b>Name of Supervisor</b>	<b>Weekly Earnings</b>
<b>Can we contact this employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If No, please state reason</b>		

### INTERNAL USE ONLY

**Company #1 Reference Check**

Applicant Eligible for Rehire: Yes  No       Attendance: Good  Average  Poor   
Dates of Employment Verified Yes  No       Performance: Good  Average  Poor

**Checked By:** \_\_\_\_\_ **Contacted:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company #2 Reference Check**

Applicant Eligible for Rehire: Yes  No       Attendance: Good  Average  Poor   
Dates of Employment Verified Yes  No       Performance: Good  Average  Poor

**Checked By:** \_\_\_\_\_ **Contacted:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company #3 Reference Check**

Applicant Eligible for Rehire: Yes  No       Attendance: Good  Average  Poor   
Dates of Employment Verified Yes  No       Performance: Good  Average  Poor

**Checked By:** \_\_\_\_\_ **Contacted:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL REFERENCES**

Name	Relationship	Telephone Number	Years Known
1.			
2.			
3.			

**PHYSICAL RECORD**

Applicants affected or suspected of having any communicable or infectious disease (including hepatitis "A" or venereal disease) within the past year must report same. You are subject to arrest or lawsuit if you fail to do so.

Have you been affected by a communicable disease? Yes  No

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Type	Doctor's Name	Dates
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Do you have any limitation, which may require an accommodation in order for you to perform the position for which you are applying? Yes  No

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If yes, explain

The information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon Mozzarella's Restaurant to continue to employ me in the future. I authorize investigation of all statements contained herein and the references listed above to provide you with any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Date:

Signature:

**DO NOT WRITE BELOW THIS LINE – INTERNAL USE ONLY**

**PERSONAL REFERENCE CHECKS**

Person Contacted	Results
1.	
2.	
3.	