

# Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please fill out and send by email by clicking the "submit" button at the bottom of the application. Or, fill out, print out and submit applications in person at 15 Tybrisa St., Tybee Island, GA. 912-786-9874  
Applications will be kept on file for 90 days.

How did you learn about us?

Advertisement  
Website

Relative/Friend  
Facebook

Craigslist  
Other: \_\_\_\_\_

Pizza box menu

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(office use)

(Age 16 must provide waiver from parents and school. Under 18 must be attending school or have diploma)

Position applied for:      Assistant Manager      Cook      CSR/Waitstaff      Driver

When can you start: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?      Yes      No

Are you available full-time? (30-40 hours a week)      Yes      Part-time?      Yes

What hours are you available? Day 11 a.m.-5 p.m.      Yes      Evening 5-11 p.m.      Yes

Days available      Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Education: High School Diploma      Yes      No      Currently Attending \_\_\_\_\_

2-year College Degree      Yes      No      Major \_\_\_\_\_

4-year College Degree      Yes      No      Major \_\_\_\_\_

Other: \_\_\_\_\_

In addition to your work history, are there other skills, qualifications, or experience we should consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Driver Applicants Information

Do you have a valid driver's license?      Yes      No      State \_\_\_\_\_ License # \_\_\_\_\_

Make/model/year of car \_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_

Have you had any accidents in the past two years?      Yes      No      How many? \_\_\_\_

Have you had any moving violations in the past two years?      Yes      No      How many? \_\_\_\_

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Employment History: (Start with most recent employer.)

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? Yes No  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? Yes No  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? Yes No  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Attach additional information if necessary.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand, also, that I will be required to abide by the rules and regulations of the employer.

\_\_\_\_\_  
Signature Date

SUBMIT

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OFFICE USE ONLY

Interview? Y  N  Training Offer? Y  N  Hire? Y  N  Hire Date: \_\_\_\_\_