

Unchained Pizza



APPLICATION FOR EMPLOYMENT

Also check job postings at

<http://www.unchainedpizza.com/careers>



Unchained Pizza

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of Unchained Pizza to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION

Name (First) (Middle) (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code	Personal Cell Phone
Home Address (if different from mailing address)	Personal E-Mail Address

Are you authorized to work in the U.S. on an unrestricted basis? YES NO

Are you over 18 years or older? YES NO

Who referred you?

Employment Agency Employee (Please provide the name below)

Newspaper advertisement

Unchained Pizza website or social media link

Other Internet job site

Unemployment office/One-Stop Career Center

Other :

Date submitted:

EMPLOYMENT DESIRED

Position Applied For:	How soon can you start if a job offer is made?
-----------------------	------------------------------------------------

Have you worked for Unchained Pizza before? NO <input type="checkbox"/> YES <input type="checkbox"/> Dates:	Starting salary desired
----------------------------------------------------------------------------------------------------------------	-------------------------

Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

Are you applying for a specific position? YES NO

Have you reviewed the essential functions of that position, as posted YES NO

In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?

Check Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days							
Nights							

Are there any times/days which you object to work that Unchained Pizza needs to be aware of ?

YES NO

Explain:

Do you have any special schedule requests that may conflict with the above availability? (e.g., vacation, school, reserve duty, holidays, etc.)

Explain:

Are you employed now? If yes, what is the length of time required for your notice?

EDUCATION				
Name of School	Location City State	Main Course of Study	Did you Graduate	Degree

List any additional education or training:

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

EMPLOYMENT HISTORYAre you employed now? Yes No**COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume.**Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.

Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		Telephone		Specific Duties	
City & State		Postal Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving

MISCELLANEOUS JOB-RELATED INFORMATION

JOB INTEREST

Are you available to work EVERY Saturday and Sunday? YES NO

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess:

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

ENGLISH LANGUAGE

Describe your proficiency in the English Language

Simple conversation:
YES NO

Simple Reading:
YES NO

Read and speak fluently
YES NO

LANGUAGE CAPABILITIES

List any language(s) other than English in which you are proficient including Sign Language and Braille. *

Language	Conversational			Reading			Writing		
	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with Unchained Pizza. I hereby authorize Unchained Pizza to conduct a full investigation into my background.

I authorize Unchained Pizza to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to Unchained Pizza for the purpose of making its hiring decision. I agree that Unchained Pizza shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason, consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

Upon acceptance of an offer from Unchained Pizza, a new employee will begin the introductory period. The introductory period is a 30-day period during which new employees will be trained and given the opportunity to learn the needs of their position and make improvement. New employees will receive written reviews after the first 15 days of the introductory period and then again at the thirty day mark. Employees who do not receive a satisfactory evaluation and endorsement may be given an additional 30-day increment to demonstrate their ability to do the job, if the supervisor feels additional time is warranted in order to achieve acceptable job performance. At no time will the introductory period exceed a total of 90 days. At all times, including after successful completion of the introductory period, employment with the Company is considered to be at-will, and the employment relationship may be terminated at any time for any lawful reason by either party.

Signature of Applicant

Date

Printed Name

Please review the duties of this position as outlined in the Job posting/description. Can you perform the essential functions of this job? YES NO

DELIVERY DRIVERS ONLY: If you are employed as a delivery driver by Unchained Pizza then you are required to maintain personal Auto Liability insurance at the mandatory state liability limits for the state in which you will be driving. You shall also be solely responsible for maintaining at your cost, such comprehensive and auto collision coverage as you deem necessary to cover your vehicle. Unchained Pizza is not responsible for, and you assume all risk of, any loss, theft, vandalism or property damage to your vehicle and contents while being used in connection with your employment with Unchained Pizza. You will be required to provide Unchained Pizza with a valid copy of your insurance policy or Declaration Page and proof of payment due premium when you are hired and again upon each renewal. We reserve the right, and you authorize Unchained Pizza or its agents, to contact your insurance agent and/or carrier either verbally or in writing, or both, to confirm the type and amount of your coverages and the date through which premiums have been paid. In addition, your Motor Vehicle Report (MVR) will be checked, at the time of application and periodically thereafter, to verify your driving eligibility, and this serves as our authorization to do so.

Insurance Company Name: _____

Policy Exp. Date: _____

Driver's License Number: _____ State: _____

Date Issued: _____

Have you ever been convicted of a crime involving a motor vehicle, including vehicular homicide or assault?
YES NO

In the last 5 years, have you ever received a violation for DUI or open container/chemical test failure/
possession of a controlled substance? YES NO

Has your driver's license ever been suspended or revoked? YES NO

If yes, please explain: _____

VEHICLES WHICH WILL BE USED ON THE JOB:

1. Make: _____ Model: _____ Year: _____
License#: _____ State: _____

2. Make: _____ Model: _____ Year: _____
License#: _____ State: _____

I herby acknowledge that I have read and understand the preceding statement.

Signature: _____ Date: _____