



Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Today's Date: _____

Personal Information

Name: Last First Middle

Present Physical Address City/State/Zipcode

Home Phone Cellular Phone Additional Phone

Email Address School You Attend (if applicable)

Date of Birth Social Security Number

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

2. How were you referred to us? _____

3. Have you ever been convicted of a felony? Yes No If yes, please explain:

Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

Employment Record *Please include all employment for the last five years.*

- | | |
|--|---|
| Company Name (Current or Most Recent Employer) | Position Held |
| Address | Dates Employed: _____
From To |
| Manager / Supervisor | Telephone Wage/Salary |
| Reason For Leaving | |
- | | |
|----------------------|---|
| Company Name | Position Held |
| Address | Dates Employed: _____
From To |
| Manager / Supervisor | Telephone Wage/Salary |
| Reason For Leaving | |
- | | |
|----------------------|---|
| Company Name | Position Held |
| Address | Dates Employed: _____
From To |
| Manager / Supervisor | Telephone Wage/Salary |
| Reason For Leaving | |

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)	Reason
(Employer's Name)	Reason

References *Please do not include relatives or former employers.*

1. _____
Name Years Known

Address Telephone

Occupation

2. _____
Name Years Known

Address Telephone

Occupation

3. _____
Name Years Known

Address Telephone

Occupation

Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?
_____, 2012.
2. Do you have any objection to working overtime? Yes No
3. Can you work overtime without prior notice? Yes No
4. Can you work on Saturday? Yes No
5. Can you work on Holidays? Yes No

If your application receives favorable consideration, how many hours per work week (Monday through Saturday) would you be available to work? **Please consider any of your prior obligations (extra curricular activities, day care availability, other employer demands, etc.) carefully and provide the maximum number of hours you would be available to work each week.**

_____ hours

Name: _____ Date: _____, 2012

Please mark the days and shifts you would be available and prefer to work. We cannot guarantee you will be assigned all the hours you mark.

Summer

	Monday	Tuesday	Wednesday	Thursday
10:45-2:45				
4:30-8:30				

	Friday	Saturday
10:45-2:45		
4:30-9:30		

School Year

	Monday	Tuesday	Wednesday	Thursday
10:45-2:45				
4:30-8:30				

	Friday	Saturday
10:45-2:45		
4:30-9:30		



Fox's Substance Abuse Policy Statement/Agreement

Last updated Wednesday, May 5, 2010

PLEASE READ BEFORE SIGNING!

I, _____, have read and understood the
FOX'S SUBSTANCE ABUSE POLICY.

I understand that violation of the SUBSTANCE ABUSE POLICY will result in disciplinary action up to and including discharge.

There will be severe consequences for, but not limited to, the following:

- A. Use, consumption, or presence in the body of alcohol or illegal substances during working time.
- B. Abuse, misuse, sale or distribution of prescription drugs or controlled substances, over-the-counter medications, or other substances during working time.
- C. Possession, use, sale, distribution or concealment of illegal substances or devices used in connection with illegal substances during working time or in the workplace, or on the property of ABA PIZZA Inc. d/b/a Fox's Pizza Den of Rayville.

I agree to cooperate in (for reasonable suspicion or as random/periodic) testing for the presence of alcohol and drugs in my system.

I fully understand that compliance with the SUBSTANCE ABUSE POLICY is a condition of my employment, and that if I violate the SUBSTANCE ABUSE POLICY or refuse to cooperate with the testing procedures, I am subject to discipline, including my termination from Fox's Pizza Den of Rayville.

I acknowledge that I have been given a copy of the SUBSTANCE ABUSE POLICY to read.

I AGREE TO FOLLOW THE SUBSTANCE ABUSE POLICY. DO NOT SIGN IF YOU HAVE NOT READ THIS AGREEMENT.

Employee Signature

Date