



Application for Employment (An Equal Opportunity Employer)

Tiffany's will not discriminate based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, veteran status, handicap or any other protected category.

Position Desired: ___ Driver ___ Pizza Maker ___ Phone & Prep Other _____ Date _____

Name _____		Social Security No. _____		Phone: _____	
Last	First	Middle			
Present Address _____		(City) _____		(State) _____ (Zip) _____	
(Street/Apt.) _____					
Permanent Address _____		(City) _____		(State) _____ (Zip) _____	
(Street/Apt.) _____					
Emergency or Alternate Contact _____		Name _____		Relationship _____	
		Address _____		Phone _____	

Previous Pizza or Restaurant experience: ___ Yes ___ No If yes, where/when? _____

Do you know anyone who currently works for Tiffany's Pizza? ___ Yes ___ No If yes, who? _____

Who referred you to this company? _____

Are you over 18 years of age? ___ Yes ___ No Have you ever been bonded? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No If yes, where/when? _____

Have you ever applied to Tiffany's Pizza before? ___ Yes ___ No If yes, where/when? _____

Have you worked for the company before? ___ Yes ___ No If yes, where? _____

Name of last supervisor at Tiffany's Pizza _____

EDUCATION:

Please list all education/training (high school, college, U.S. Military, etc.) relevant to the position for which you are applying.

	Full Name & Location	Dates		Major Subjects	Degree
		From	To		
High School					
College					
Other					

WORK SCHEDULE:

Are you currently employed? ___ Yes ___ No If yes, may we inquire of your present employer? ___ Yes ___ No

Please circle the days you desire **not** to work: M T W TH F S S

When can you start? _____ (Note: We are open 11 a.m. - 12:30 a.m. Sun-Thurs & 11 a.m. - 2 a.m. Fri-Sat)

What hours can you work? _____ Number of hours you wish to work? _____

If you work another job, do you need to give a two-week notice? ___ Yes ___ No

Are you involved in any sports or other activities which would interfere with our work schedule?

— DO NOT WRITE BELOW THIS LINE —

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: ___ Yes ___ No POSITION: _____

APPROVED: _____ START DATE: _____

MANAGER

WORK HISTORY: (Include U.S. Military Service as an employer, showing type of discharge.)

Name of Present or Last Employer				Address			
Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor	Supervisors Title	Phone	
Description of work and responsibilities:							
Name of Present or Last Employer				Address			
Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor	Supervisors Title	Phone	
Description of work and responsibilities:							
Name of Present or Last Employer				Address			
Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor	Supervisors Title	Phone	
Description of work and responsibilities:							

PERSONAL AUTOMOBILE INFORMATION (Complete if applying for delivery position)

Year _____ Make _____ Model _____ VIN #: _____

INSURANCE COMPANY

Agency Name & Address _____ Date Policy Liability: _____

LIABILITY LIMITS

1. Bodily Injury Liability: _____ 2. Property Damage Liability _____

Verified by: _____ Date: _____

Drivers License Number: _____ State: _____ Mgr. Initials _____

Auto License Plate: _____ State: _____ Mgr. Initials _____

LIST BELOW ALL TRAFFIC VIOLATIONS, EXCEPT PARKING TICKETS, INCLUDING DATE, VIOLATION & PENALTY

This information will be verified by the State Motor Vehicle Records Office.

I hereby authorize the Michigan Department of State release to _____ any and all information pertaining to my driving record currently on file with the Michigan Department of State.

1. _____
2. _____
3. _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.
I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT-WILL AND IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

SIGNATURE: _____ DATE: _____