

APPLICATION

NAME: _____

POSITION SOUGHT: _____

ADDRESS: _____

DATE OF BIRTH: _____

EMAIL: _____

CELL #: _____



CAN YOU WORK FULL TIME? YES NO

NOTE ANY TIME RESTRICTIONS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

ARE YOU WILLING TO SUBMIT TO DRUG TESTING? YES NO

ARE YOU WILLING NOT TO SMOKE ON THE PREMISES OF VALENTINO'S? YES NO

WHAT IS YOUR DEFINITION OF GREAT SERVICE? _____

HOW DID YOU HEAR ABOUT VALENTINO PIZZERIA TRATTORIA? _____

WHAT ACTIVITIES OR CAREER GOALS DO YOU PURSUE OUTSIDE WORK? _____

BRIEFLY DESCRIBE WHY YOU SHOULD BE HIRED BY VALENTINO'S AND WHAT MAKES YOU UNIQUELY QUALIFIED! _____

PLEASE RANK YOURSELF ON A SCALE OF 1-5 (5 BEING THE HIGHEST) IN THE FOLLOWING CATEGORIES

___ TEAM PLAYER

___ FRIENDLINESS

___ PERSONALITY

___ HONESTY

___ MULTI TASKING

___ WORK ETHIC

___ SALESMANSHIP

___ FOOD KNOWLEDGE

___ PEOPLE SKILLS

PLEASE LIST THE 2 MOST RECENT JOBS YOU WORKED AT AND WHY YOU LEFT:

NAME _____ CITY _____ POSITION _____ DATES _____

REASON YOU LEFT? _____

SUPERVISOR'S NAME _____ PHONE # _____

NAME _____ CITY _____ POSITION _____ DATES _____

REASON YOU LEFT? _____

SUPERVISOR'S NAME _____ PHONE # _____

I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION OF MATERIAL FACT IN THIS APPLICATION MAY RESULT IN REFUSAL OF OR SEPARATION FROM EMPLOYMENT. THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I AUTHORIZE VALENTINO PIZZERIA TRATTORIA TO CHECK THE REFERENCES LISTED ABOVE. I UNDERSTAND REFERENCE CHECKS WILL BE CONDUCTED BY THE ORGANIZATION OR ITS AGENTS. I FURTHER UNDERSTAND THAT EMPLOYMENT IS AT THE MUTUAL CONSENT OF THE EMPLOYEE AND THE ORGANIZATION; CONSEQUENTLY, THE EMPLOYER CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT WILL FOR ANY REASON, AT ANY TIME, WITH OR WITH OUT CAUSE OR ADVANCE NOTICE. I ALSO UNDERSTAND THAT AS AN EMPLOYEE OF VALENTINO PIZZERIA TRATTORIA I MAY BE SUBJECT TO DRUG TESTING IN ACCORDANCE WITH THE FLORIDA STATE DRUG FREE WORKPLACE ACT. REFUSING TO TAKE SUCH A TEST WILL RESULT IN TERMINATION.

I understand I must submit documentation to the organization verifying my eligibility to work in the United States as required by the Federal Immigration Reform and Control Act of 1986. I further understand that submission of said documents must be made within 72 hours of being hired

SIGNATURE: _____ DATE: _____