

Santa Lucia Pizza

Employment application form

Position applying for _____
 Expected wage _____



Personal Information

Last Name	First Name	Middle Name	Phone # Other Phone #
Address	City	Province	Postal Code
Emergency Contact and Relationship	City	Province	Phone #

Are you legally eligible to work in Canada? Yes ___ No ___
 Are you willing to work at any Santa Lucia Pizza location? ___ Preferred location _____
 Have you ever worked for Santa Lucia Pizza before? Yes ___ No ___
 If you answered yes tell us when: from _____ to _____
 And at which location? _____
 What was your position when you left? _____
 Were you referred by someone? Yes ___ No ___
 If you answered yes then: who? _____
 Are you currently employed any ware? Yes ___ No ___
 Do you plan to keep working there if you are hired by Santa Lucia Pizza? Yes ___ No ___

Employment History (Most recent employer first)

Date	Company Name	Phone #	Last Wage	Supervisor	Job Title (Your Position)
From: _____ To: _____	And Address				

Reason for leaving _____

Date	Company Name	Phone #	Last Wage	Supervisor	Job Title (Your Position)
From: _____ To: _____	And Address				

Reason for leaving _____

Date	Company Name	Phone #	Last Wage	Supervisor	Job Title (Your Position)
From: _____ To: _____	And Address				

Reason for leaving _____

Additional Skills

Describe any of your work related skills or training. _____

Education Record

	School Name	Subject	Diploma/Degree, Or Highest Grade Completed
High School			
Business Trade or Technical School			
University			

Are you in school now? Yes _____ No _____

Do you plan to return to school? Yes _____ No _____

If you answered Yes, when? _____

Additional courses, seminars, workshops: _____

Your Availability (Note employees may be required to work weekends)

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Type of position desired: Part time _____ Full time _____ Temporary _____

I HEREBY DECLARE THAT THE FORGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR CAUSE MY DISMISAL.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, and motor vehicle agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

Signature _____

Date _____