

## **APPLICATION COVER PAGE**

Thank you for your interest in applying to work at Fox's Pizza Den. We strive to provide the best possible experience for our customers. That is why we seek to hire only the best candidates.

Before filling out the application on the next page, please be aware of our employment requirements:

- You must be at least 16 years old (17 for driving positions)
- You must be willing to take a drug test at any time and adhere to a drug-free workplace
- You must have reliable transportation.

EMAIL ADDRESS (required)\_

If you meet the above requirements, please sign in acknowlegement.

X							
If at any time during the application process or any time during your employment with Fox's Pizza Den it is discovered that you do not meet the above stated requirements, your employment with Fox's Pizza Den may be terminated.							
Please continue filling out the section below:							
Name							
Times You are Available to Work:							
Mon:	Thurs:						
Tues:	Fri:						
Wed:	Sat:						
Sun:							
What would cause you to miss work other than your serious illness or death in the family?							
What do you consider to be a fair attendance policy?							

## EMAIL ADDRESS (required)



## **EMPLOYMENT APPLICATION**

We are an equal opportunity employer:

2.6	
Male	Female

Various Federal, state and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age (as prescribed by law), handicap or marital status. Fox's Pizza Den is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

Name (last)		(first)	(first)			(middle)	Social Se	cial Security No.		
Home Address	City				State	Zip	Area Code	Area Code Home Tel. No.		
PLEASE READ APPLICA	TION	IN ITS I	ENTIRE	TY BEFO	RE SUE	BMITTING.				
Applicant's Signature						1	Date Signed:			
Position/Type of Work A	pplied	For				w	hen Can You S	tart?		
How Did You Come In C	ontact \	With Fo	x's Pizz	a Den?						
AreYou Between The 18-	65?	Yes N	10			e state your age: le to provide age o	r employment certi	ficate.		
EDUCATION	Name of School				Address			Did You Graduate?  Degree Received		
High School										
								•••••		•••••
Business School or College										
REFERENCES: Personal	(Do not	list relat	ives or fo	ormer empl	oyers)		•			
Name	Address			P	hone	Occupation	cupation Yea		wn	
PREVIOUS EMPLOYME	l. NT				<b>.</b> I		I	l.		•••••
Employers Name and Complete Address				mployed	Position or Title					
			From	То	Name	ne and Title of Supervisor				
			Start	Final		eason For Leaving				
Employers Name and Complete Address			Dates Employed From To		Position or Title					
Complete Address		L.	. 10111		Name	e and Title of Sup	ervisor			
				lary				_		
			Start	Final	Reaso	on For Leaving				

Physical Record Please Describe Any Illness or Accidental Injury You Have Had Over The Past 3 Years: