



Date _____

IS AN EQUAL OPPORTUNITY EMPLOYER

[[Application from ZANZIS web page](#)]

PLEASE PRINT LEGIBLY USING A BLACK PEN ► NEATNESS COUNTS!

Personal Information

Name _____ Social Sec # _____

Driver's License Number _____ State driver's license was issued in _____

Permanent Mail Address _____ City _____ St _____ Zip Code _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

In Case of Emergency notify: Name _____ Phone _____

Date Available to Start _____ Referred By _____ Favorite Pizza Place _____

How Many Hours A Week Would You Like to Work? _____ Expected Pay-Rate \$ _____/Hour

Have You Applied with **Zanzi's** Before? **YES NO** If So, Where and When? _____/_____

Are you at least 16 years old ? YES NO If not, when will you be? _____ Do you have a reliable car? **YES NO**

Are you legally eligible for employment in the United States? **YES NO** If no, explain _____

Are You Currently Employed? **YES NO** May We Contact Your Current Employer? **YES NO**

Do you use tobacco? **YES NO** Are you willing and able to relocate? **YES NO** Travel? **YES NO**

Have you ever been convicted of a felony? **YES NO** If yes, what, when and where _____

Is there anything that could interfere with your ability to work for us? Please explain: _____

Education

High School Attended _____ Last Year Completed: **9 10 11 12** (Circle One)

College Attended _____ Last Year Completed: **Fr. So. Jr. Sr.** (Circle One)

Trade or Business School _____ Did You Graduate? **YES NO** (Circle One)

Other Special Training, Experience, or Qualifications? _____

Hobbies, Interests, Activities?

Recent Employment Experience (Start with most recent) (Please tell us if you were employed under another name)

Name of Company _____ Dates of Employment: (From) _____ (To) _____

Name of Supervisor _____ Phone # (_____) _____ Job Title _____

Reason for Leaving _____ Voluntary Termination Involuntary Termination

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References (do not list relatives)

Name _____ Phone # (_____) _____ Business _____ Years Acquainted _____

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Name _____ Phone # (_____) _____ Business _____ Years Acquainted _____

Availability (Please *mark* the times that you are **NOT AVAILABLE** to work during the week with an X)

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast	7:00 - 8:00							
	8:00 - 9:00							
	9:00 - 10:00							
	10:00 - 11:00							
Lunch	11:00 - 12:00							
	12:00 - 1:00							
	1:00 - 2:00							
	2:00 - 3:00							
Dinner	3:00 - 4:00							
	4:00 - 5:00							
	5:00 - 6:00							
	6:00 - 7:00							
Late Night	7:00 - 8:00							
	8:00 - 9:00							
	9:00 - Close							

Please tell us about any schedule restrictions or schedule expectations you have, or may have.

I ATTEST THAT THE INFORMATION I HAVE PRESENTED IS TRUE AND THAT FACTS HAVE NOT BEEN MISREPRESENTED OR OMITTED AND THAT ZANZI'S CAN RELY ON THIS APPLICATION FOR EMPLOYMENT INFORMATION TO MAKE A HIRING DECISION. I HEREBY AUTHORIZE YOU TO OBTAIN MY DRIVING RECORD, PERFORM A BACKGROUND CHECK, FURTHER CONSENTING YOU MAY CONTACT MY REFERENCES AND PREVIOUS EMPLOYERS, HEREBY AUTHORIZING MY PRIOR EMPLOYERS TO PROVIDE INFORMATION TO YOU AND RELEASING THEM FROM ANY LIABILITY FOR SO DOING. I UNDERSTAND FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL. I UNDERSTAND AND AGREE THAT IF HIRED MY EMPLOYMENT AT ZANZI'S IS 'AT-WILL'. I HEREBY VOLUNTARILY CONSENT TO A DRUG TEST IF REQUESTED BY EMPLOYER OR AS MAY BE REQUIRED BY INSURANCE OR OTHERS.

Signature _____ Date _____