

MESA PIZZA BY THE SLICE

Equal Opportunity Employer



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment #		
City		State		ZIP		
Phone		E-mail Address				
Social Security Number						
Position Applied for (circle one or more) Counter Delivery- Attach copy of Insurance Kitchen						
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?						
APPLICANT QUESTIONS						
How did you hear of this job?						
Why do you want to work for Mesa Pizza?						
Have you ever been fired or released from a job as a disciplinary action? If so, please explain.						
What would your previous employer say about you?						
Please list any skills, training, or work experience pertinent to the position for which you are applying.						
What does good customer service mean to you?						
Please describe a situation where you experienced excellent customer service.						
What would you expect from Mesa Pizza if you were to work with us?						
AVAILABILITY						
When can you start?						
If hired, how long do you plan to work here?						
Number of hours desired per week during the school year		During breaks			During summers	
Do you have any commitments to another employer that may affect your employment with us? Explain.						
You will be required to work at least one weekend night until 3 or 4 am. Is this a problem? Yes No						
PLEASE FILL IN YOUR HOURS OF AVAILABILITY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION				
High School		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES				
<i>Please list three professional references.</i>				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
PREVIOUS EMPLOYMENT				
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		

Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DELIVERY DRIVER QUESTIONS			
Please answer these questions only if you are applying for the position of delivery driver.			
Do you have a valid driver's license? If yes, please list your state and license number.			
Do you have valid automobile insurance? If yes, please list your insurance company and policy number.			
Are you at least 18 years old and do you have at least two years of licensed driving experience?			
Please staple a copy of your automobile insurance card to this application.			
DISCLAIMER AND SIGNATURE			
<p>"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 or during an interview shall be grounds for dismissal."</p> <p>"I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any and all liability for any damage that may result from utilization of such information."</p>			
Signature			Date
PERMISSION TO CHECK MOTOR VEHICLE REPORT- ONLY SIGN IF APPLYING FOR DELIVERY DRIVER			
<p>"I, _____ (please clearly print full name) authorize Mesa Pizza LLC, Mesa Pizza Iowa LLC, Mesa Pizza Uptown LLC, and Mesa Pizza Stadium Village LLC to order and review my motor vehicle report and driving history before I am considered for employment. I also authorize Mesa Pizza LLC, Mesa Pizza Iowa LLC, Mesa Pizza Uptown LLC, and Mesa Pizza Stadium Village LLC to order and review my motor vehicle report and driving history up to four times per year after I am hired and for the duration of my employment. This signed authorization shall remain in effect for as long as I am employed by Mesa Pizza LLC, Mesa Pizza Iowa LLC, Mesa Pizza Uptown LLC, and Mesa Pizza Stadium Village LLC. I also release Mesa Pizza LLC, Mesa Pizza Iowa LLC, Mesa Pizza Uptown LLC, Mesa Pizza Stadium Village LLC and any and all members of said companies from any and all liability for any damage that may result from utilization of any and all information contained in my motor vehicle history and driving record."</p>			
Signature			Date