

**Application for Michelangelo's Italian Restaurant & Pizzeria**

Name:	Social Security number:		Date:
Address:	City:	State:	Zip code:
Home phone number:	Alternate phone number:	Date of Birth	

**What position are you applying for:** \_\_\_\_\_

Are you 18 years or older? YES or NO

Are you 21 years or older? YES or NO

Are you or have you ever been enrolled in the military? YES or NO

Are you a citizen of the United States, or legal to work in the United States? YES or NO

Have you ever been convicted of a felony? YES or NO If yes, Explain: \_\_\_\_\_

**Employment History**

Start with the most recent

Name & Address	Position	Pay Rate	Supervisor Name & Phone number	From:	To:	Reason for Leaving:	May we contact This employer
1.							
2.							
3.							

Availability

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<u>From:</u>							
<u>To:</u>							

If hired, when would you be able to start work? \_\_\_\_\_

Are you able to work nights? **YES or NO**

Are you able to work weekends? **YES or NO**

Are you willing to work holidays? **YES or NO**

Have you ever been fired from a job? **YES or NO**

Has tardiness ever been a problem at any previous job? **YES or NO**

Do you have reliable transportation to work? **YES or NO**

Education History

<b>High School</b>	<b>Location</b>	<b>Years Completed</b>	<b>Major</b>	<b>Did you Graduate?</b>
<b>College/ Trade School</b>	<b>Location</b>	<b>Years Completed</b>	<b>Major</b>	<b>Did you Graduate?</b>

Have you ever been certified or taken a food handler's class? **YES or NO** If so, when? \_\_\_\_\_

Have you ever taken an alcohol procedures class (TIPS)? **YES or NO** If so, when? \_\_\_\_\_

Thank you for applying, by signing this application you acknowledge that all the information provided is true, and give Bondi, Inc. the permission to do a background check, contact previous employers, and follow up on any information provided. Bondi Inc. will only use this information for our purposes only, we will not release your personal information to anyone for any reason.

X \_\_\_\_\_ DATE \_\_\_\_\_  
Signature