



APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY / PRINT CLEARLY / ANSWER ALL QUESTIONS

P.O. Box 400 • Upland, CA 91785
Phone: 909.920.9560 • Fax: 909.608.1565

MORE THAN GREAT PIZZA!

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

POSITION APPLYING FOR _____

SCHEDULE DESIRED _____ FULL TIME _____ PART TIME

ARE YOU OVER 16 YEARS OF AGE? ___ YES ___ NO / IF HIRED, CAN YOU FURNISH PROOF OF AGE? ___ YES ___ NO

ARE YOU UNDER 18 YEARS OF AGE? ___ YES ___ NO / IF YES, AFTER HIRED, CAN YOU FURNISH A G.E.D., HIGH SCHOOL DIPLOMA, OR WORK PERMIT? ___ YES ___ NO

ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK? ___ YES ___ NO

IF YES, WHEN? _____

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY **GRAZIANO'S**? YES, WHERE AND WHEN? _____

WORK HISTORY: List Your Last Employer First (Use additional sheets if necessary)

Company: _____ Address: _____ City/State: _____ Phone: _____ Name of Supervisor: _____ Reason For Leaving: _____	PERIOD OF EMPLOYMENT: From: _____ To: _____	POSITION / DUTIES: _____ _____ _____
---	--	--

Company: _____ Address: _____ City/State: _____ Phone: _____ Name of Supervisor: _____ Reason For Leaving: _____	PERIOD OF EMPLOYMENT: From: _____ To: _____	POSITION / DUTIES: _____ _____ _____
---	--	--

Company: _____ Address: _____ City/State: _____ Phone: _____ Name of Supervisor: _____ Reason For Leaving: _____	PERIOD OF EMPLOYMENT: From: _____ To: _____	POSITION / DUTIES: _____ _____ _____
---	--	--

(Over Please)

GRAZIANO'S 1/2018

WHAT METHOD OF TRANSPORTATION WILL YOU USE? _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? ____ YES ____ NO

IF YES, WHAT LANGUAGES? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES PRESENTLY EMPLOYED BY GRAZIANOS? ____ YES ____ NO

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM THE JOB YOU ARE APPLYING FOR? YES NO

IF YES, PLEASE EXPLAIN _____

AFTER EMPLOYED, CAN YOU FURNISH LEGAL RIGHT TO WORK IN THE UNITED STATES? ____ YES ____ NO

DO YOU HAVE A VALID MOTOR VEHICLE OPERATIONS LICENSE? ____ YES ____ NO

IF YES, PLEASE LIST THE STATE AND NUMBER _____

EDUCATION:

HIGH SCHOOL:

NAME _____ CITY / STATE _____

YES NO

SUBJECTS STUDIED: _____

COLLEGE / UNIVERSITY:

NAME _____ CITY / STATE _____

YES NO

OTHER: _____

MILITARY: Complete This Section If You Served In The U.S. Armed Forces

BRANCH OF SERVICE: _____ RANK AT DISCHARGE: _____

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING: _____

PLEASE READ CAREFULLY BEFORE SIGNING!

I hereby certify that the information in this application for employment is true and accurate without significant omission. I understand that information may be verified by the company, and that misrepresentation or omission of facts called for will be sufficient cause for termination of any employment resulting from this application. Furthermore, you are authorized to make any investigation of my prior work history and I understand that I may be terminated at any time for my inability to adapt myself to the requirements and duties of my employment.

APPLICANT'S SIGNATURE: _____ DATE: _____

(Do Not Write Below This Line - For Supervisor's Use Only)

STORE NUMBER OR DEPT.: _____ REFERRED BY: _____

NEW EMPLOYEE REHIRE STARTING PAY: _____

STATUS: Full-Time Part-Time STARTING DATE: _____

SUPERVISORS SIGNATURE: _____ DATE: _____