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**7142 Cosby Village Road  
Midlothian, VA 23832  
Ph.804-533-7827**

### **EMPLOYMENT APPLICATION**

All eligible applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, retired, veteran status or disability.

#### **PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

How long have you lived at this address?: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Desired Position: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you currently employed? YES ☐ NO ☐ If yes, are you full-time or part-time? FULL-TIME ☐ PART-TIME ☐

If yes, where are you currently employed?: \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City State ZIP Code Phone

Are you at least 18 yrs old or older? YES ☐ NO ☐

#### **AVAILABILITY:**

Check the shifts you can work. Please understand this info is for us to see if you are available for the shifts we need to fill in.

<input type="checkbox"/> TUES.	<input type="checkbox"/> WED.	<input type="checkbox"/> THURS.	<input type="checkbox"/> FRI.	<input type="checkbox"/> SAT.	<input type="checkbox"/> SUN.
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## **RATE YOURSELF IN THESE AREAS:**

(1= Needs improvement, 2= Ok, 3 = Good, 4 = Excellent)

- \_\_\_\_\_ **TEAMWORK** (Cooperation with others and getting along with others work style).
- \_\_\_\_\_ **COMMUNICATION SKILLS** (Ability to follow procedures, listening well, you expressing ideas or concerns in a respectful and formal manner).
- \_\_\_\_\_ **MOTIVATION/ENERGY LEVEL** (Self- Motivation, Enthusiasm, Opposite of Tired or Slow, Productive)
- \_\_\_\_\_ **HOSPITALITY** (Your Natural Friendliness, Customer Service Skills).
- \_\_\_\_\_ **RELIABILITY** (Attendance, Promptness, Dependability, Self-discipline).
- \_\_\_\_\_ **PERSONAL RESPECT & PRIDE** (Your Appearance, Neatness, Hygiene, Honesty, & Ability to Achieve).

## **ANSWER THE FOLLOWING QUESTIONS:**

1. What are your personal strengths?:

2. What are your personal weaknesses?:

3. What major or minor achievements are you proud of?:

4. How long would you be interested in working here?:

5. Why would you like to work for Mr. Submarine & Sal's Pizza?:

6. How did you hear about us?:

7. Do you know anyone who is presently working for us? YES ☐ NO ☐

If yes, who? \_\_\_\_\_

8. Have you ever been to Mr. Submarine or Sal's Pizza & Italian Restaurant (Petersburg) to eat?

Describe your experience:

9. What do you like about Italian restaurants/pizzerias?

10. Do you participate in any after-school clubs, sports or activities? YES ☐ NO ☐

If yes, please explain the time commitment of your involvement in those activities:

### **EDUCATION:**

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ..... YES NO  
☐ ☐  
Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ..... YES NO  
☐ ☐  
Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ..... YES NO  
☐ ☐  
Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ..... YES NO  
☐ ☐  
Degree: \_\_\_\_\_

### **COMPUTER PROFICIENCY:**

Word for Windows: YES ☐ NO ☐

Excel: YES ☐ NO ☐

Others?: \_\_\_\_\_

## **EMPLOYMENT HISTORY:**

List below current and last four employers, starting with most one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Employer	Supervisor Name	Contact Phone
Address of Company		Your Position
Duties Performed		
Start and End Date (M/D/Y):	Salary or Hourly?	# Hours per week
Reason for Separation from Company		May we contact?

Employer	Supervisor Name	Contact Phone
Address of Company		Your Position
Duties Performed		
Start and End Date (M/D/Y):	Salary or Hourly?	# Hours per week
Reason for Separation from Company		May we contact?

Employer	Supervisor Name	Contact Phone
Address of Company		Your Position
Duties Performed		
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Duties Performed		
Start and End Date (M/D/Y):	Salary or Hourly?	# Hours per week
Reason for Separation from Company		May we contact?

11. Do you have any physical, mental, medical impairment that would interfere with your ability to perform the essential duties of this job with or without an accommodation?..... YES NO  
☐ ☐

If yes, explain: \_\_\_\_\_

12. In case of an emergency who should we contact?: \_\_\_\_\_

13. What was or is your major in college?: \_\_\_\_\_

14. What were your special subjects/research/work studied or special skills?:

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15. Any U.S. military services, rank?: \_\_\_\_\_

	YES	NO
16. Have you ever been convicted of any felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been convicted of any crime, excluding misdemeanors? .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been convicted involving violence to another person? .....	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been convicted of any crime involving dishonesty? .....	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you serving probation for any misdemeanor offense? .....	<input type="checkbox"/>	<input type="checkbox"/>

21. Have you ever been counseled or disciplined for cash handling violations? ..... ☐ YES ☐ NO
22. Have you been counseled or disciplined for being late or absent from work or school? ..... ☐ YES ☐ NO
23. If you answered yes to any of the above , please describe in detail:

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24. Do you have your own transportation? ..... ☐ YES ☐ NO
- Do you have a driver license? Yes ☐ No ☐ If yes, is it restricted? Yes ☐ No ☐

**REFERENCES:**

Please only give names of four professional references that you have known at least a year.

Reference Name	Years Known	Relationship
Address		
Company	Contact Phone Number	

Reference Name	Years Known	Relationship
Address		
Company	Contact Phone Number	

Reference Name	Years Known	Relationship
Address		
Company	Contact Phone Number	

Reference Name	Years Known	Relationship
Address		
Company	Contact Phone Number	

## **IMPORTANT: READ BEFORE SIGNING**

"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 shall be grounds for immediate termination of employment.

I authorize investigation of all statements contained herein and the references and 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 all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information. In a manner prohibited by the **Americans with Disabilities Act (ADA)** and other relevant federal and state laws."

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_