



# EMPLOYMENT APPLICATION

## JOIN OUR TEAM

To apply for a position at **Fong's Pizza**, please fill out the application below and apply in-person at our restaurant or email it to [desmoines@fongspizza.com](mailto:desmoines@fongspizza.com). Thank you for your interest, we look forward to hearing from you!

Date of application: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Email \_\_\_\_\_  
FIRST LAST

Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

When is the best time to reach you?  MORNING  AFTERNOON  EVENING Are you legally eligible to work in the US?  YES  NO

Are you 18 years or older?  YES  NO Have you ever been convicted of a felony?  YES  NO If yes, please explain. \_\_\_\_\_

## AVAILABILITY

Position Desired: *(check all that apply)*

SERVER  HOST  LINE COOK  BUSSER  ASST. MANAGER  BARTENDER  EXPEDITER  PREP COOK  DISHWASHER  FOOD RUNNER

Please list the hours you are available to work each week:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Any scheduling restrictions we should be aware of? \_\_\_\_\_

How many Shifts or Hours do you want per week? Shifts: \_\_\_\_\_ Hours: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Have you ever worked for a Full Court Press restaurant before?  YES  NO If yes, which location? \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

List below your last three employers starting with most recent.

Employer 1

COMPANY NAME _____	FROM _____ / _____ TO _____ / _____	\$ _____ STARTING PAY	\$ _____ ENDING PAY
CITY _____ STATE _____	SUPERVISOR _____	PHONE _____	
JOB TITLE _____	REASON FOR LEAVING _____		



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## Employer 2

COMPANY NAME _____	FROM _____ / _____	TO _____ / _____	\$ _____	\$ _____
CITY _____ STATE _____	SUPERVISOR _____		STARTING PAY	ENDING PAY
JOB TITLE _____	REASON FOR LEAVING _____			

## Employer 3

COMPANY NAME _____	FROM _____ / _____	TO _____ / _____	\$ _____	\$ _____
CITY _____ STATE _____	SUPERVISOR _____		STARTING PAY	ENDING PAY
JOB TITLE _____	REASON FOR LEAVING _____			

## EDUCATION

### High School

SCHOOL NAME _____	CITY _____	STATE _____
NUMBER OF YEARS ATTENDED _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXTRACURRICULARS _____		

### College/Other Education

SCHOOL NAME _____	CITY _____	STATE _____
NUMBER OF YEARS ATTENDED _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TITLE OF DEGREE OR CERTIFICATION OR AREA OF STUDY _____		

## REFERENCES

REFERENCE NAME _____	RELATIONSHIP _____	PHONE # _____	YEARS KNOWN _____
REFERENCE NAME _____	RELATIONSHIP _____	PHONE # _____	YEARS KNOWN _____
REFERENCE NAME _____	RELATIONSHIP _____	PHONE # _____	YEARS KNOWN _____

## ACKNOWLEDGEMENT

By signing my name below, 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 termination.

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.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_