

EMPLOYMENT APPLICATION

To apply for a position at Truman's Pizza Tavern , please fill out the appplication below and apply in-person at our restaurant or email it to trumanskcpizza@gmail.com. Thank you for your interest, we look forward to hearing from you! Date of application:									
		– PERSON	AL INFORMAT	ION —					
Name	Email								
Address		CITY		STATE ZIP CODE	Phone				
When is the best time to reach y					ible to work in the f yes, please expla				
		AV	AILABILITY —						
Position Desired: (check all that SERVER HOST LINE CO Please list the hours you are av	DOK 🗆 BUSSER	□ ASST. MANAGER ach week: Wed	□ BARTENDER □ Thurs	EXPEDITER PREP (COOK DISHWASHER	FOOD RUNNER			
□ SERVER □ HOST □ LINE CO	ook □ Busser ailable to work ea	ach week:							
Please list the hours you are av Mon From: To: Any scheduling restrictions we seemed to be a served as a served and a served are averaged.	ailable to work ea Tues should be aware o	Wed Of? Shifts:	Thurs Hours:	Fri	Sat				
Please list the hours you are av Mon From: To: Any scheduling restrictions we see the scheduling restrictions we see th	ailable to work ea Tues Should be aware o	wed Wed Of? Shifts: PREVIOL	Thurs Hours:	Fri	Sat	Sun			
Please list the hours you are av Mon From: To:	ailable to work ea Tues should be aware of the work per week? Court Press resta	wed Wed Shifts: PREVIOL Burant before? [Thurs Hours: JS EMPLOYME YES □ NO If	Fri Fri yes, which location	Sat	Sun			
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Employer 2								
COMPANY NAME		FROM	TO	\$ STARTING PAY	\$ ENDING PAY			
CITY	STATE	SUPERVISOR		PHONE	HONE			
JOB TITLE		REASON FOR LEAVI	NG					
Employer 3		,	,	•	6			
COMPANY NAME		FROM	TO	STARTING PAY	ENDING PAY			
CITY	STATE	SUPERVISOR PHONE						
JOB TITLE	REASON FOR LEAVI	NG						
	EDU	CATION —						
High School	gh School			College/Other Education				
SCHOOL NAME	CITY STATE	SCHOOL NAME		CITY	STATE			
NUMBER OF YEARS ATTENDED	Graduated? □ YES □ NO	NUMBER OF YEARS	ATTENDED	duated? □ YES	□ NO			
EXTRACURRICULARS		TITLE OF DEGREE O	R CERTIFICATION OR AREA	OF STUDY				
	REFE	RENCES —						
REFERENCE NAME	RELATIONSHIP		PHONE #		YEARS KNOWN			
REFERENCE NAME	RELATIONSHIP	PHONE #			YEARS KNOWN			
REFERENCE NAME	RELATIONSHIP		PHONE #		YEARS KNOWN			
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		LEDGEMEN						
	below, I certify that the facts contained in th rstand that, if employed, falsified statements		•	-	knowledge and			
_	of all statements contained herein and the resemble semployment and any pertinent information liability for any damage that may res	they may have, po	ersonal or otherwis	e and release the				
Applicant Signature: .			Date:					