## Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please fill out using typewriter tool, save as (your name-app), and email to comments@lighthousepizza.net or deliver in person at either store location. Applications will be kept on file for 90 days.

How did you learn abo	out us?								
Advertisement Website Last Name:		Relative		Craigslist					
			Friend						
		First Name:							
Street Address:									
City:	Stat	e:	_ZIP:						
Telephone: Home:Ce			Cell:						
Social Security #:		_ D	ate of Birt	h//	Email:_				
	(Must be 17	or older. Ur	nder 18 mus	t be in schoo	l or have	graduated.	)		
Position applied for: Cook			Serv	er/CSR	r/CSR Driver				
When can you start:_									
Are you a U.S. citizen						nrestricted	basis?	Yes	No
Are you available full-	-time? (30-4	0 hours a	week)	Yes	Pa	rt-time?	Yes		
What hours are you a	vailable? Da	y 11 a.m	5 p.m.	Yes	Ev	ening 5-11	p.m.	Yes	
Days available	Mon 7	ues	Wed	Thurs	Fri	Sat	Sun		
Do you have a valid dr	'iver's licens	e? Y	es No	State	Lic	cense #			
Do you have dependab	ole transport	ation to Ty	/bee?						
Education: High Scho	ol Diploma	Yes	No	Currently	Attend	ing			
College Degree	Yes N	lo N	/lajor						
		C	Currently At	tending					
Other:									
In addition to your wo	ork history, a	re there o	ther skills,	qualification	ns, or ex	perience w	e should	consider	?
Driver Applicants Info	rmation								
Do you have a valid dr	'iver's licens	e? Yes No	State	License	#				
Make/model/year of c	ar								
Insurance Company &									
Have you had any acc	idents in the	past two y	years? Yes I	No How ma	ny?				
Have you had any mov	ing violation	ns in the pa	ast two yea	rs? Yes No	How ma	ıny?			

Company name:	·	-						
Company name:			201					
	Telephone: Starting Wage: Starting Position:							
	Starting Wage: Starting Position:							
Name of Supervisor:								
Responsibilities:								
Reason for leaving:								
<u> </u>								
Company name:								
Address:		Telephor	ne:					
Date Started:	Starting Wage:	Starting Position:						
Date Ended:	Ending Wage:	Ending Position:						
Name of Supervisor:		May we contact?	Yes	No				
Responsibilities:								
Reason for leaving:								
_								
Company name:								
		Telephone:						
		Starting Position: Ending Position:						
Name of Supervisor:		-						
Responsibilities:								
Reason for leaving: Attach additional informat								
I certify that the facts set for			•	•	_			
stand that if I am employed, f								
is hereby authorized to make				-				
at this company is "at will," w			-	-				
with or without prior notice, a	and for any reason not proh	ibited by statute. All emplo	yment will	continue on tha	ıt basis. I un			
stand, also, that I will be requ	iired to abide by the rules a	and regulations of the empl	oyer.					
Signature			Date					
OFFICE USE ONLY								
Interview Date:								
Hire Date:								