

DAVANNI'S®

PIZZA & HOT HOAGIES

EMPLOYMENT APPLICATION

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of Davanni's to provide equal employment opportunity to all. All policies and practices will be administered without regard to race, color, national origin, religion, sex, age, marital status, sexual orientation, status with regard to public assistance or disability.

GENERAL INFORMATION

Date _____

Name _____
(Print) First Middle Last

Present Address _____
Street City State Zip Phone _____

Permanent Address _____
Street City State Zip Phone _____

How did you learn of this job? Sign School Newspaper (name) _____ Other (name) _____

Have you ever been employed by Davanni's? Yes No If yes, where and reason for leaving. _____

Names of friends or relatives employed by Davanni's _____

If applying for temporary work, when would you terminate _____

PERSONAL INFORMATION

Are you under 18 years of age? Yes No If yes, give date of birth _____

Do you have another job which will continue if employed at Davanni's? Yes No

Do you have any limitations that might prevent you from performing this job? Yes No

Are you legally authorized to work in the U.S.? Yes No If hired, proof of authorization will be required. We do verify Social Security numbers

Parent or Legal Guardian if under 18 yrs. Name: _____

Address: _____ Phone: _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CURRENTLY ATTENDING	COMPLETED	COURSE OF STUDY	GRADUATE? GIVE DEGREE
HIGH SCHOOL					
COLLEGE					
COLLEGE					
OTHER					

School Activities, Special Accomplishments, Special Knowledge, Skills or Abilities: _____

EMPLOYMENT HISTORY: List all your employers for the last 10 years. You may list additional jobs if you believe that they relate to your qualifications for this position.

1. Last or Present Position: Company _____

Address _____ Phone _____ From _____ to _____

Positions held _____ Describe duties _____

Salary: Start _____ Immediate Supervisor _____ Title _____

Ending _____ Reason for Leaving _____

2. Next to Last Position: Company _____

Address _____ Phone _____ From _____ to _____

Positions Held _____ Describe duties _____

Salary: Start _____ Immediate Supervisor _____ Title _____

Ending _____ Reason for Leaving _____

EMPLOYMENT HISTORY: (continued)

3. Third from Last Position: Company _____
 Address _____ Phone _____ From _____ to _____
 Positions Held _____ Describe duties _____
 Salary: Starting _____ Immediate Supervisor _____ Title _____
 Ending _____ Reason for Leaving _____

Indicate by number any of the above employers you DO NOT wish us to contact: _____

Position you are applying for:	<input type="checkbox"/> Full Time	Hours/Week Desired
	<input type="checkbox"/> Part Time	

What days of the week and hours are you available to work?

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
DAY							
NIGHT							

Personal References: _____

Name	Phone Number (s)	How Known
_____	_____	_____
Name	Phone Number (s)	How Known
_____	_____	_____

Why do you feel you in particular should be considered for a position at Davanni's? _____

List 3 personal goals you are presently working toward: _____

Read before signing: I hereby authorize Davanni's to investigate all statements contained in this application and agree to hold Davanni's harmless in this regard.
 I understand that misrepresentation or omission of material facts will be considered cause for discharge.
 I also understand that employment with Davanni's is governed by the Doctrine of Employment At Will.

SIGNATURE _____

The following applies to individuals applying for a driver position

- If applying for a driver position, you must be over age 18.
- If hired, proof of age and insurance will be required.
- *To be eligible to delivery drive for Davanni's, drivers must have an acceptable driving record according to the following guidelines;*

At any time

- No major (unacceptable) violations (drug or alcohol citation, no proof of insurance, reckless/careless/negligent driving, operating without a license, etc.)
- Any alcohol restriction on a driver's license automatically disqualifies a driver.

Within three years

- No more than three minor violations (speed, failure to obey sign/semaphore, etc.)
- No more than five non-moving violations (equipment, expired registration/license, etc.)
- No more than one significant violation (illegal passing, serious speed, wrong way, etc.)

In accordance with the provisions of the Fair Credit Reporting Act, Public Law No. 91-508, Davanni's certifies that the information requested below, will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose. It is further certified that the source of the reports will be identified if employment decisions (based on report results) are made. Motor Vehicle Reports will be treated in a confidential manner. In accordance with the Drivers Privacy Protections Act, Public Law 103-322, data obtained will be used for permissible purposes only.

DRIVER'S LICENSE NUMBER: _____ ISSUING STATE: _____

DATE OF BIRTH: _____

 FULL NAME (PRINTED) SIGNATURE DATE

The undersigned hereby authorizes Davanni's, to obtain and release any and all information pertaining to my driving record throughout the term of my employment with Davanni's or any of its affiliates. I hereby consent to the consideration by Davanni's of all information obtained from my driving record, including but not limited to, citations issued to me during non-work hours in either my personal vehicle or company vehicle.