

# MAIALINA

pizzeria napoletana

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE- PLEASE PRINT)

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_ Date Available to start: \_\_\_\_\_

Have you ever worked for Maialina or Sangria Grille before?  No  Yes If Yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you over 19 years of age?  Yes  No Are you over 21 years of age?  Yes  No

What is your date of birth? (mm/dd/yyyy) \_\_\_\_\_ (optional)

Are you a citizen of the United States?  Yes  No If not, do you have work papers?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please give dates and details: \_\_\_\_\_

Are you a smoker?  Yes  No How were you referred to Maialina? \_\_\_\_\_

List the names and relationship of friends and relatives working for Maialina or Sangria Grille: \_\_\_\_\_

List Hours Available for Work (List school year availability and attach school schedule):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

How many shifts a week are you looking to work: 1 2 3 4 5

List any circumstances, including other employment or extracurricular activities, which will limit your hours of availability: \_\_\_\_\_

Available during the School Year:  Full  Part  None

Available during summer:  Full  Part  None

Available during Thanksgiving break:  Full  Part  None

Available during Christmas Vacation:  Full  Part  None

What is your highest level of education? \_\_\_\_\_. Are you presently in School?  Yes  No. If Yes, where? \_\_\_\_\_

Expected Graduation date? E.g. (Dec/May 20??) \_\_\_\_\_. What is your area of study (major)? \_\_\_\_\_

How far do you live from this store? \_\_\_\_\_ How will you get to and from work? \_\_\_\_\_

Why are you applying at Maialina?

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What do you feel are the most important qualities of the position you are applying for? \_\_\_\_\_

Personal or career goals? \_\_\_\_\_

What special qualifications do you have that would help you in the restaurant industry? \_\_\_\_\_

Special hobbies, skills, or knowledge? \_\_\_\_\_

List prior employment starting with the most recent:

**1)** Company: \_\_\_\_\_ Location: \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Position held: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reference: \_\_\_\_\_ Position: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer for reference? Yes  No

**2)** Company: \_\_\_\_\_ Location: \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Position held: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reference: \_\_\_\_\_ Position: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer for reference? Yes  No

**3)** Company: \_\_\_\_\_ Location: \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Position held: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reference: \_\_\_\_\_ Position: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer for reference? Yes  No

Emergency Contact: \_\_\_\_\_  
*Name Relationship Phone number*

I authorize investigation of all statements contained in this application form if I am considered for employment, and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may not be on their records.

I understand that misrepresentation or omission of the facts called for hereon or receipt of unsatisfactory references will be sufficient cause for dismissal from the company's service if I shall have been employed.

I understand the need and importance of scheduling reliable staff during those work days and hours required to conduct your business. I acknowledge company rules and policies require that I inform my scheduling manager any changes in my work availability. Accordingly, I understand and agree it is my responsibility to immediately inform my scheduling manager of any changes.

I further understand that if I shall be employed, my employment will be on a probationary basis and either of us may terminate our work relationship for any reason. I may be discharged at any time for my inability to adapt myself to their requirements and duties of my employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_