

ITALIAN DREAMS APPLICATION FOR EMPLOYMENT

(Pre-employment questionnaire/Equal opportunity employer)

Date: _____

Name (last, first, m.i.): _____

Permanent Address (street, city, state, zip): _____

Phone Number : Day: _____ Evening: _____ Cell: _____

Social Security Number: _____

Are you 18 years or older? YES/NO . . . 21 or older? YES/NO

Position you are applying for: _____

Salary desired: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES / NO

Have you ever been convicted of a felony? YES / NO

Explain: _____

Have you applied to/worked for Italian Dreams before? YES/NO Where and

When: _____

Referred by: _____

Please indicate all relevant information below

Grammar School: _____

location: _____

years attended: _____

High School: _____

location: _____

years attended: _____

did you graduate: _____

College: _____

location: _____

years attended: _____

areas of study: _____

did you graduate: _____

Trade/Business School: _____

location: _____

years attended: _____

areas of study: _____

Areas of special study or research work: _____

Special Skills: _____

Are you bilingual? YES/NO
What languages do you speak? _____

Please define the phrase "customer service": _____

Please list your three most recent employers below

1.) Employer/Supervisor: _____ From: _____ To: _____

Address: _____

Phone number: _____ Duties: _____

Reason for leaving: _____

2.) Employer/Supervisor: _____ From: _____ To: _____

Address: _____

Phone number: _____ Duties: _____

Reason for leaving: _____

3.) Employer/Supervisor: _____ From: _____ To: _____

Address: _____

Phone number: _____ Duties: _____

Reason for leaving: _____

Which of these jobs did you enjoy most? _____

Why? _____

References

Please list three (3) persons not related to you, whom you have known for at least 1 year.

1.) Name: _____

Occupation: _____

Phone number: _____ Relationship: _____

2.) Name: _____

Occupation: _____

Phone number: _____ Relationship: _____

3.) Name: _____

Occupation: _____

Phone number: _____ Relationship: _____

Do you require the use of any prescribed medications? YES / NO

What are they? _____

Do you have any medical condition which may impair your job performance? YES / NO

Explain: _____

Do you have any food allergies that could require medical attention? YES / NO

Explain: _____

Have you ever served in the military or navy? YES / NO

Rank: _____
Present membership in National Guard or Reserves: _____

Do you belong to any civic or community groups? YES / NO
If so, which ones? _____

In the case of an emergency, who do we notify?
Name: _____
Address: _____
Phone Number(s): _____

Please fill in the hours you are available to work for each day below
M T W T F S S

Number of Shifts you would like to work per week: _____
Total hours per week you would like to work: _____
Any permanent days off you will need due to outside activities: _____

I certify that the above information is true and complete. I understand that if it found to be incomplete or innacurate, my application may be rejected, or my employment may be terminated at any time.
I agree to conform to all of the rules and policies set forth by Italian Dreams, and understand that my employment may be terminated with or without cause at any time. I also agree that the terms of my employment may be changed at any time with or without notice.

Date: _____ Signature: _____

Interviewed By: _____

Date: _____

Remarks: _____

Hired: YES / NO.. _____

Start Date: _____

Uniforms needed: Shirts _____ Hats _____ Aprons _____ Books _____