

THE PIZZARIA 509 11th Street, Ford City, PA 16226 **724 - 763 - 2401**

APPLICATION FOR DELIVERY DRIVER (PLEASE PRINT CLEARLY)

NAME : _____
LAST FIRST MIDDLE
ADDRESS : _____
STREET CITY STATE ZIP CODE
TELEPHONE # SOCIAL SECURITY #

** IF NECESSARY, THE BEST TIME TO CONTACT YOU AT HOME IS : _____

1. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY ? YES NO
(Proof of U.S. citizenship will be required upon employment)
2. THE NUMBER OF HOURS / WEEK YOU WOULD LIKE TO WORK : 10 - 20 20 - 30 30 - 40
3. CAN YOU WORK WEEKENDS ? YES NO
4. IF UNDER 18, PLEASE LIST DATE OF BIRTH : _____
(Federal law prohibits minors from being delivery drivers)

DRIVING INFORMATION

DRIVERS LICENSE # STATE :

INSURANCE COMPANY : AGENT :

POLICY # MAY WE CONTACT : YES NO

1. DO YOU HAVE A VALID CURRENT PA DRIVERS LICENSE ? YES NO
2. HAVE YOU HAD ANY ACCIDENTS, OR MOVING VIOLATIONS IN THE LAST 3 YEARS ? YES NO
3. (If so, explain)

4. MAY WE MAKE INQUIRIES ABOUT YOUR DRIVING HISTORY ? YES NO

EMPLOYMENT HISTORY

Employer # 1 : Dates employed : *from* *to*

Summarize the nature of work performed, and job responsibilities :

Reason for leaving :

Contact person : May we contact ? YES NO

Employer # 2 : Dates employed : *from* *to*

Summarize the nature of work performed, and job responsibilities :

Reason for leaving :

Contact person : May we contact ? YES NO

EDUCATIONAL BACKGROUND

HIGH SCHOOL	Attended	Still in Grade _____	Graduated or GED
VO - TECH SCHOOL	Attended	Still in Grade _____	Graduated or GED
TRADE SCHOOL	Attended	Still in Year _____	Graduated
COLLEGE	Attended	Still in Year _____	Graduated

REFERENCES

- 1. _____ Phone : _____

- 2. _____ Phone : _____

- 3. _____ Phone : _____

OUTSIDE ACTIVITIES (which may interfere with work)

LEGAL STUFF

1. It is understood and agreed upon, that any misrepresentation by me in this application will be sufficient cause for cancellation of this application, and/or separation from the Employer's service, if I have been employed.
2. I give the Employer the right to investigate all references, and to secure additional information about me, if job related. I hereby release from liability the Employer and it's representatives for seeking such information, and all persons, corporations, or organizations for furnishing such information.
3. The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
4. This application is current for only 60 days. At the conclusion of that time, if I have not heard from the Employer, and still wish to be considered for employment, it will be necessary to either fill out a new application, or to ask that my application be updated for another 60 days.
5. I understand that just as I am free to resign at any time, the Employer also has the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

SIGNATURE OF APPLICANT :

DATE :
