

Tomato Patch Pizzeria

P.O.Box 1445
Kitty Hawk NC 27949
(252) 453-4500

Application for Employment

Personal Info

Name:	_____	SS#	_____ - ____ - ____
	Last First MI		
Address:	_____	DOB	____ / ____ / ____
	Street Apt Number		

	City State Zip		
Phone:	() - _____		

Work Info

Position Interested In:	_____
Past Experience in Position:	_____

Hours Available/ Desired:	_____

	Note: All employees must work at least one weekend night (Fri. or Sat.) and a total of at least four shifts per week.

Previous Employers

Current Employer:	_____	Address:	_____
Supervisor Name:	_____		_____
Position Held:	_____	Phone:	() - _____
Dates:	Start / / End / /	Rate of Pay:	\$ /hour
Reason for Leaving:	_____	Responsibilities:	_____
	_____		_____

Previous Employer:	_____	Address:	_____
Supervisor Name:	_____		_____
Position Held:	_____	Phone:	() - _____
Dates:	Start / / End / /	Rate of Pay:	\$ /hour
Reason for Leaving:	_____	Responsibilities:	_____
	_____		_____

References

Name: _____
Title: _____
Address: _____

Phone: _____
Relation: _____

Name: _____
Title: _____
Address: _____

Phone: _____
Relation: _____

By signing below, I give Tomato Patch Pizzeria and its representatives the permission to contact my current and previous employers and references. I also verify that all material provided is true and understand that if at anytime the included material is found to be falsified, penalties may result in immediate termination.

I further recognize that Tomato Patch Pizzeria does not discriminate based on age, sex, race, nationality or religious affiliation. I am aware that employees may be asked to submit to drug testing at the discretion of management and that refusal or positive results may result in termination. Finally, I recognize the management's right to terminate my employee status at anytime for any reason the management deems adequate.

Signature _____

Date _____

Mgmt Use Only - Do Not Complete

Current Employer Verification

Person Spoke With _____ Title _____ Date _____
Comments _____ Verifying Mgr _____

Previous Employer Verification

Person Spoke With _____ Title _____ Date _____
Comments _____ Verifying Mgr _____

References Verification

Person Spoke With _____ Title _____ Date _____
Comments _____ Verifying Mgr _____

Person Spoke With _____ Title _____ Date _____
Comments _____ Verifying Mgr _____

Date of Hire ____ / ____ / ____

Hiring Mgr _____

Position _____

Beginning Pay _____

Management Use Only