## EMPLOYMENT APPLICATION Enfield House of Pizza, Inc.

## AN EQUAL OPPORTUNITY EMPLOYER

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PERSONAL

(last)		(C)		Zanta Edita V	- Social	Security No.	2			
		(first)		(middle)						
Address: (No. and st	reet)		(apt. no	)	(Ci	ity)		(state)	(zip o	eode)
Telephone Number: (	)			Cell I	hone: ( )					
Are you under 18 year	s of age?		If yes,	state your da	te of birth:					
Are you legally author	ized to work in the U	Inited States?_		(Proof o	f eligibility to w	ork in the U.S	. will be require	d upon employs	ment)	
Have you filed an app	lication with us befor	re?		If y	es, when?					
lave you ever been er	nployed by Enfield I	louse of Pizza	, Inc. before?	If y	res, when?					
Please list any friends										
low were you referred	ow were you referred to us? Self Ne				Employe	ee referral		other		
Do you have a valid di	river's license?	2014 1120	1	Do you have a	access to reliable	transportatio	n?			
Have you been discipl	ined, suspended, or in	nvoluntarily te	rminated by an er	mployer? Ye	s No _	If yes	, state the name	of the employe	r, date and ple	ease explair
Hava yan ayar baan co	onvicted of a felony?	Yes	No		If yes, please	explain:				
lave you ever been ee	ave you been convicted of a misdemeanor within the past five (5)				No If yes, please explain:					
	ted of a misdemeanor	r within the pa	st five (5) years?	Yes	No					1   14
Have you been convic		AVAILA	BILITY		you can start:					
EMPLOYMEN	T DESIRED /	AVAILA	BILITY	Date					N	
EMPLOYMEN  Position:	T DESIRED /	AVAILA	BILITY	Date	you can start:hours available	to work per w	eek:			
EMPLOYMEN  Position:  Salary desired:  Are you available to w	Ork? Holidays	AVAILA	BILITY  Days	Date	you can start:hours available	to work per w	eek:			
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If you have had less than three employers, use the			
COMPANY:	TEL. #:	FROM:	TO:
ADDRESS:(No. and street)	(city)	(state)	(zip code)
SUPERVISOR:	and the state of t	MAY WE CONTACT? Y	N
POSITION:			
DESCRIBE MAJOR DUTIES:		(4 22	
REASON FOR LEAVING:			
COMPANY:	TEL. #:	FROM:	TO:
ADDRESS:		War and	125, 240
(No. and street)	(city)	(state)	(zip code)
SUPERVISOR:			
POSITION:	STARTING WAGE;	FINAL WAGE:	
DESCRIBE MAJOR DUTIES:			
REASON FOR LEAVING:			
COMPANY:	TEL. #:	FROM:	TO:
ADDRESS:(No. and street)	(city)	(state)	(zip code)
SUPERVISOR:	04 800	MAY WE CONTACT? Y_	
POSITION:			
DESCRIBE MAJOR DUTIES:			
	Le true true true	Section Control (Control	
REASON FOR LEAVING:		1000	
PLEASE READ THIS STATEMENT CAREFUL *I certify that the information provided by me in the application is grounds for refusal to hire, or if hire *I authorize an investigation of all statements contail information concerning my previous employment covered by this application, and I release all partie *I understand that wages, benefits, and other terms notice. *I acknowledge that Enfield House of Pizza, Inc. 1*I acknowledge that if I am employed by Enfield I employment at any time, for any reason, with or with I acknowledge that no one other than the Compact Company's President or residing Manager/ Shift I	his application is true and complete. I understand the termination. The true and authorize any of the ent, education, credit history or any other informations from all liability for any damage that may result and conditions of employment may change from the reserves the right to amend or modify the policies thouse of Pizza, Inc., my employment will be at without cause and I have the same rights.	persons or organizations referenced in thation they might have, personal or otherwater from furnishing such information to you times to time at the discretion of Enfields in its Handbook and other policies at any will, meaning that Enfield House of Pizza	his application to give you any a ise, with regards to any subjects a. d House of Pizza, Inc. without p y time without prior notice. , Inc. is free to terminate my
SIGNATURE	*	DATE:	

**EMPLOYMENT**