

MAD MUSHROOM PIZZA EMPLOYMENT APPLICATION

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information

Date: _____

Name (Last, First)		Social Security Number — — —	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number ()		Referred By:	

Employment Desired

Position Applying for	Date You Can Start	Desired Pay Rate
Are You Over 18 Yrs. Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Applied To Mad Mushroom Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where & When?
Have You Ever Worked For Mad Mushroom Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where Did You Work and Why Did You Leave?	

Education History

Name And Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business, Or Correspondence School			

Work History (Most Recent First)

Dates of Employment	Name & Address of Employer	Pay Rate	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Availability

Day of the Week	Hours Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Questionnaire

Have You Ever Worked In The Pizza Industry Before? _____

If Yes, What Is Your Experience? _____

Why Would You Like To Work At Mad Mushroom Pizza? _____

Authorization

I certify that all information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for my dismissal.

I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information including, but not limited to, personal background, criminal background, driving record or otherwise, and release Mad Mushroom Pizza and/or its agents from any and all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other federal and state laws

Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

_____ _____ _____ _____ _____

Interview Date: _____ Hired By: _____ Position: _____
Starting Date & Time: _____