

Stefanina's Pizzeria & Restaurant, Inc.

**8645 Veterans Memorial PKY
O'Fallon, MO 63366**

**(p): 636-272-3499
(e): contact@stefaninas.com**



APPLICATION FOR EMPLOYMENT – EQUAL OPPORTUNITY EMPLOYER

Last Name	First Name	Middle Name	Date
Address	Telephone		Social Security (last 4)
City	State	Zip Code	

Date you can start _____

Are you 18 or older? Yes _____ No _____

If no, can you furnish a work Permit? _____

Have you ever worked at Stefanina's? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes please describe. _____

WHEN ARE YOU AVAILBLE TO WORK

Day _____ Night _____ Full Time _____ Part Time _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

EDUCATION

School	Name & Location	Course of Study	Years Completed
High School			
College			
Other			

TWO MOST RECENT JOBS

Company		Location	
Phone		Reason for leaving	
Job Description			
Salary/Wage per Hour		Supervisor	
Company		Location	
Phone		Reason for leaving	

Job Description	
Salary/Wage per Hour	Supervisor

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that the statements contained in this application and any other documents submitted in connection with my application for employment and the statements made during any interview process are true and complete to the best of my knowledge.

I give Employer the right to make a thorough investigation of my past employment, education and activities, and I release from all liability all persons, firms, and organizations supplying any such information. I indemnify Employer and all persons, firms and organizations against any liability that might result from making this investigation.

I understand that any false answer or statement or implication made by me in this application or other documents may, in the discretion of Employer, result in denial of employment or, if hired, in my discharge.

I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Employer and me either for employment or for the providing of any benefit. Additionally, I understand that, if I am hired, no oral or written promise made today or in the future, or anything else that is said or done by Employer today or in the future, including, but not limited to, the establishment of any employment practice or the creation and/or distribution of any written employment policies or benefit plans, constitutes or provides a basis for an employment contract between Employer and me either for continued employment or for the providing of any benefit. Only an express promise, made in writing and signed by me and the President of Employer, can create a contract that is binding on Employer. I acknowledge that no promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and the Employer retains the right to terminate my employment with or without cause, and with or without notice, at any time. In other words, I understand that my employment is at-will.

My signature below confirms that I have read the above paragraphs and understand them.

APPLICANT'S SIGNATURE _____

DATE _____

Person to Notify in Emergency	
Name _____	Phone () _____
Address _____	
City/State/Zip _____	