



EMPLOYMENT APPLICATION

Date _____

FOR GENERAL RESTAURANT WORK

PERSONAL INFORMATION (please print clearly)

Store Location _____

NAME _____ SOC. SEC. /TAX ID NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP / POSTAL CODE _____

TELEPHONE () _____ Have you ever worked for IL PRIMO PIZZA & WINGS before? Yes No

If yes, where/when? _____

What position are you applying for? _____

Are you 16 years of age or over? (Proof of age or a work permit may be required) Yes No

IN CASE OF EMERGENCY NOTIFY:

NAME _____ TELEPHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP / POSTAL CODE _____

AVAILABILITY:

Are you legally able to be employed in this country? (If hired, law will require verification) Yes No

What type of position are you seeking? Part time Full time Seasonal Temporary

Are you able to meet the attendance requirements of the position? Yes No

Have you ever been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify an applicant from employment)

HOURS AVAILABLE	From	S	M	T	W	F	S	Total hours available per week _____
	To							Date available to start work _____
								Preferred rate of pay \$ _____

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ ADDRESS _____

CITY _____ STATE _____ TELEPHONE () _____

TEACHER OR COUNSELOR _____ LAST GRADE COMPLETED _____ GRADE AVERAGE _____

GRADUATED? Yes No NOW ENROLLED? Yes No

Sports or activities _____

REFERENCES: (Please do not use family members)

NAME _____ ADDRESS _____

CITY _____ STATE _____ TELEPHONE () _____ Years Known _____

MOST RECENT EMPLOYMENT:

COMPANY _____ ADDRESS _____

CITY _____ STATE _____ TELEPHONE () _____

POSITION _____ SUPERVISOR _____ Dates worked From _____ To _____

WAGE _____ Reason for leaving? _____

Do we have your permission to contact your current employer Yes No

If NO, please explain: _____

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST 2 YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS, VACATION, and OR CIVIC OBLIGATIONS (Such as jury duty?) Year _____ Number of days _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER Please complete reverse side



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PLEASE IDENTIFY ANY POTENTIAL LIMITATIONS REGARDING YOUR METHOD OF TRANSPORTATION TO AND FROM WORK:

NAME ANY FRIENDS OR INDIVIDUALS YOU KNOW WHO ARE PRESENTLY EMPLOYED BY IL PRIMO PIZZA & WINGS:

EMPLOYMENT TEST

(No calculators Please)

PART I

.98 10.00
.67 -3.84
3.25
+4.67

For the following questions, state your answers in terms of bills and coins.
For example, \$6.39 would be 6 dollar bills, 1 quarter, 1 dime, and 4 pennies

1. If the customer order came to \$12.48 and she gave you a \$20.00 bill, what is her change?

35.25
-33.08

2. If the customer order came to \$8.20 and he gave you a \$23.25 bill, what is his change?

PART II

- A. A customer complains that he was short changed by you receiving only \$0.13 change from \$2.00 instead of \$0.31, what would you do?
- B. Which do you consider more important as far as a restaurant is concerned – courteous, prompt service or a quality product?
- C. What do you consider to be the most important qualifications of a IL PRIMO PIZZA & WINGS employee?
- D. You are working alone and your shift is due to be over at 4 P.M. The individual who is scheduled to begin working at 4 P.M. does not show up, what do you do now?

The Secretary of Health and Human Services has determined that diseases, including Hepatitis A, typhoid fever (Salmonella typhi), shigellosis (Shigella spp.), and E coli (Escherchia coli 0157:H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? Yes No If yes, explain _____

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED EVERY PAGE OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I ALSO ACKNOWLEDGE THAT IF I RECEIVE THE JOB I AM ON A 90 DAY PROBATION PERIOD IN WHICH CAN BE TERMINATED AT ANY TIME WITH OUT AN EXCUSE.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INTERVIEWER OR REFERENCE COMMENTS (Yes/No) I-9 _____ W-4 _____ Photocopy SSN _____ D/L _____

Hire Date _____ Position _____ Pay Rate _____ DOB _____ Language (Circle One) E S B