



AN EQUAL OPPORTUNITY EMPLOYER

Barro's Pizza provides employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME _____ MIDDLE _____ LAST _____ SOCIAL SECURITY # _____

PRESENT ADDRESS IN FULL _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____ YOUR VISA TYPE IF AVAILABLE _____ VISA # AND EXPIRATION DATE _____

VALID DRIVERS LICENSE? Yes No LICENSE NUMBER: _____ STATE: _____ EXP DATE: _____

I AM 18 YEARS OR OLDER? Yes No

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No
IF YES, GIVE FULL PARTICULARS. (A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLIED FOR: _____ REFERRAL SOURCE - _____

WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No HOW SOON CAN YOU START? _____

EVER BEEN EMPLOYED BY THE COMPANY? Yes No IF YES, WHEN? _____ WHERE? _____ POSITION? _____

RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: _____

EMPLOYMENT HISTORY

ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S)

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY _____ TELEPHONE _____ WAGE -BEGIN/END _____ EMPLOYED - FROM/TO _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME & TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____

DUTIES _____ REASON FOR LEAVING _____

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	WAGE -BEGIN/END	EMPLOYED - FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR	TITLE OF YOUR POSITION
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DUTIES	REASON FOR LEAVING
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HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED. OR TERMINATED? Yes No

IF YES, PLEASE EXPLAIN: _____

EDUCATION

SCHOOL	ADDRESS	ATTEND (DATES)	GRADUATED – Y/N

SKILLS

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in **Barro's Pizza** is appreciated.