Date of Application:
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## Lake Harriet Pizza Co. Application for Employment

Name: _				DOB		
	First	Initial	Last			
Address:						
	Street		Apt #	City		
	State		Zip Code			
Phone:				Email:		
	Daytime		Evening			
Position A	Applying for	:				
Drivers L	icense _			(only if applying to drive)		
Insurance Company			(only if applying to driver)			
Policy Number			(only if applying to drive)			

## **Relevant Work Experience**

Business/Supervisor	Position	Salary	Reason for Leaving

## References

Name/phone number	Business	Relationship	How long

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Any other	· information	you think tl	hat a potential e	employer sho	uld know?	•

## If hired you will need to complete an I9 form:

For information on documents required, please visit: http://www.uscis.gov/i-9-central/acceptable-documents

**Availability:** Circle evenings you are available to work

**PLEASE READ:** By signing this document I am agreeing that all information included is true and complete. I understand that any false or misleading information could lead to dismissal or disqualification from further consideration. I authorize any person, school or employer mentioned in this application to provide Lake Harriet Pizza with any information requested. This application does not create a contract of employment. If hired, I am obliged to comply with all Lake Harriet Pizza policies. This application does not alter the at-will employment status.

Signature:	Data
Signature.	Date