

|                              |                      |                        |                           |               |
|------------------------------|----------------------|------------------------|---------------------------|---------------|
| Last Name                    | First                | Middle                 | S.S. #                    | -             |
| Present Address              | City                 | State                  | Zip                       | Phone # ( )   |
| Perm. Address                | City                 | State                  | Zip                       | Phone # ( )   |
| Birth Date if under 18 : / / | Your Transportation? |                        | Other Phone # ( )         |               |
| Position Desired             | Pay                  | Date you can start / / | Ever applied here before? | If yes, when? |

| Education            | Name / City / State | Subjects Studied | Yrs Att'd |
|----------------------|---------------------|------------------|-----------|
| Elementary           |                     |                  |           |
| High school          |                     |                  |           |
| College              |                     |                  |           |
| Other Ed or Training |                     |                  |           |
| Other Ed or Training |                     |                  |           |

**Employment:** Please list " ALL" jobs. List current or most recent first. Phone numbers are very important !!!!!!!!!!!!!!!

|         |                   |           |                                  |                     |
|---------|-------------------|-----------|----------------------------------|---------------------|
| (mo/yr) | Co. Name          | Positions | Please give full job Description | Reasons for leaving |
| From    | Address           |           |                                  |                     |
| /       | City State        | Pay start |                                  |                     |
| To      | Telephone # ( ) - | Pay: end  |                                  |                     |
| /       | Supervisor        | Hours/wk  |                                  |                     |

|         |                   |           |                                  |                     |
|---------|-------------------|-----------|----------------------------------|---------------------|
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| To      | Telephone # ( ) - | Pay: end  |                                  |                     |
| /       | Supervisor        | Hours/wk  |                                  |                     |

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| To      | Telephone # ( ) - | Pay: end  |                                  |                     |
| /       | Supervisor        | Hours/wk  |                                  |                     |

|         |            |           |                                  |                     |
|---------|------------|-----------|----------------------------------|---------------------|
| (mo/yr) | Co. Name   | Positions | Please give full job Description | Reasons for leaving |
| From    | Address    |           |                                  |                     |
| /       | City State | Pay start |                                  |                     |

Do you have any physical conditions or limitations which would inhibit your ability to perform the job you are applying? Yes No  
If yes please explain:

Please list all time you would need off for personal activities:ex.classes, clubs, meetings, teams, band practices etc. Also include any times you prefer not to work.

| times | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-------|-----|-----|-----|-----|-----|-----|-----|
|-------|-----|-----|-----|-----|-----|-----|-----|

Please list all times you are available to work. ( please be as flexible as possible)

| times | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-------|-----|-----|-----|-----|-----|-----|-----|
|-------|-----|-----|-----|-----|-----|-----|-----|

**Delivery Only:** Do you have a valid Drivers License? Are You over 18? Do you own the Do you own the vehicle you plan to use for this

Is it registered in your name? If not who's Their address

| Make | Model | Year | Color | Miles | Plate # | State Reg. | Last Inspection date | Insurance Co | How many accidents have you been in over the last 3 years ? | Please describe each | How many moving violations have you had in the last 3 years ? | Please describe below |
|------|-------|------|-------|-------|---------|------------|----------------------|--------------|---|----------------------|---|-----------------------|
|      |       |      |       |       |         |            |                      |              |   |                      |   |                       |
|      |       |      |       |       |         |            |                      |              |   |                      |   |                       |
|      |       |      |       |       |         |            |                      |              |   |                      |   |                       |
|      |       |      |       |       |         |            |                      |              |   |                      |   |                       |
|      |       |      |       |       |         |            |                      |              |   |                      |   |                       |
|      |       |      |       |       |         |            |                      |              |   |                      |   |                       |

A copy of your automobile insurance will be required for store records.

Unrepaired dents:

Will your car pass it's next inspection?

**All Applicants:** Please read and sign these two following statements.

Have you been convicted of a felony? If yes, state the nature.

The information given on this application is true and accurate to the best of my knowledge. I authorize Blue Jeans Pizza of obtain work related information from my previous employers. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewers remarks:

interviewed by \_\_\_\_\_ date \_\_\_\_\_  
min \_\_\_\_\_ max \_\_\_\_\_

Hrs/week \_\_\_\_\_  
Shifts/ week \_\_\_\_\_  
start day / date \_\_\_\_\_