



Pizza Shuttle, Inc.
1827 N. Farwell
Milwaukee, WI 53202

TODAY'S DATE: _____

PLEASE PRINT
 IN BLACK INK

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or nation origin.

Last Name (Family Name)	First	Middle Initial	Telephone Number
Address-Street		City/State/Zip Code	
Social Security Number			

JOB INTEREST AND AVAILABILITY

Check One: Under 18 18 or older

For what position are you applying?	When could you report?
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Fill in hours available for work – not just preference. (Indicate A.M. or P.M.) Check one – Full

Time Part Time

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From - To							

Total number of hours you would like to work each week	Minimum	Maximum	Expected weekly salary or hourly pay rate if hired?
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HIGH SCHOOL (Circle Last Year Completed 9 10 11 12 / Grade Average)

Name of High School	City/State
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COLLEGE

Name of Undergraduate School	City/State	Did you graduate?	No. of College Credits
Major	Minor	Degree	Cumulative Grade Point Average on a scale of _____ pts. _____

SPECIAL COURSES AND TRAINING (Graduate, Business, Correspondence, Trade Schools)

Name of School	City/State	Courses Taken & When Completed
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SKILLS SECTION (List all of which you feel may be helpful.)

Have you ever performed the following:

<input type="checkbox"/> Delivery	<input type="checkbox"/> Dish/Cleaning	<input type="checkbox"/> Cook	<input type="checkbox"/> Pizza Making
<input type="checkbox"/> Phone Experience	<input type="checkbox"/> Prep Cook	<input type="checkbox"/> Register	

Explain: _____

MISCELLANEOUS INFORMATION

If hired, can you provide identification and proof of U.S. citizenship or authorization to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain.
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DRIVING EXPERIENCE (Answer only if seeking employment as a driver)

Driver's or Chauffeur's License Number	Have you had an accident resulting in serious injury to others and/or property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe
Has your license been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers License Number	Do you have a Car? YEAR & MAKE	Auto Insurance Company & Policy #
Do you have any MOVING traffic violations? Please list them by last date first.		
DATE VIOLATION PENALTY	DATE VIOLATION PENALTY	DATE VIOLATION PENALTY

PREVIOUS EMPLOYMENT (Begin with the most recent)

COMPANY NAME		STREET	CITY	TELEPHONE NO.
KIND OF WORK DONE		WHOM MAY WE CONTACT REGARDING YOUR EMPLOYMENT WITH THIS COMPANY?		WHY DID YOU LEAVE?
		TITLE		
DATE STARTED	DATE LEFT	BEGINNING RATE OF PAY	FINAL PAY	
MO./DAY/YEAR	MO./DAY/YEAR	\$ PER	RATES\$ PER	
COMPANY NAME		STREET	CITY	TELEPHONE NO.
KIND OF WORK DONE		WHOM MAY WE CONTACT REGARDING YOUR EMPLOYMENT WITH THIS COMPANY?		WHY DID YOU LEAVE?
		TITLE		
DATE STARTED	DATE LEFT	BEGINNING RATE OF PAY	FINAL PAY	
MO./DAY/YEAR	MO./DAY/YEAR	\$ PER	RATES\$ PER	

APPLICANT: Please Read and Attest to the Following Statement:

I certify that the information I have given on this application is true and complete and understand that any false or misleading information given, or the omission of any pertinent information including that given at the time of a pre-employment drug test and/or post-offer physical exam, may result in my discharge, at any time, if I am hired. I hereby waive and release to the Company any privilege which I may now have with respect to medical information disclosed by examination, by investigation of or communication to physicians employed by the Company.

I hereby authorize the Company to investigate my record with my former employers, personal references and creditors and to obtain a consumer report as defined under Section 603(d) of the Fair Credit Reporting Act; also I release the Company and all informants from all liability whatsoever resulting from such an investigation. I understand that I may request information as to the purpose of the consumer report and if employment is denied on the basis of information obtained in the credit report, the name and address of the consumer reporting agency. I waive any rights I may have to receive written notice from any former employer listed on this application regarding the release to the Company of any information concerning any disciplinary action taken against me, by said former employer.

IF HIRED, I AGREE TO ABIDE BY THE POLICIES AND EXPECTATIONS OF THE COMPANY. I ALSO UNDERSTAND THAT ALL EMPLOYEES ARE FREE TO LEAVE THE COMPANY'S EMPLOYMENT AT ANYTIME FOR ANY REASON AND THAT MY EMPLOYMENT MAY BE TERMINATED BY THE COMPANY AT ANYTIME, WITH OR WITHOUT CAUSE. NOTHING WITHIN ANY COMPANY POLICY, PROCEDURE OR PROGRAM IS INTENDED OR SHALL BE CONSTRUED AS AN IMPLIED OR EXPRESS CONTRACT OF EMPLOYMENT. IT IS EXPRESSLY UNDERSTOOD THAT NO PERSON WITH THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY VERBAL CONTRACT OF EMPLOYMENT OR PROMISE OF CONTINUED EMPLOYMENT ON BEHALF OF THE COMPANY. ONLY A WRITTEN EMPLOYMENT AGREEMENT AUTHORIZED BY THE BOARD OF DIRECTORS AND SIGNED BY THE CHAIRMAN OF THE BOARD AND/OR PRESIDENT OF THE COMPANY SHALL BE BINDING UPON THE COMPANY.

In the event the Company advances me money or other items of value, or I otherwise become indebted financially to the Company, I agree to repay the Company and also that any wages due me upon termination may be offset by payroll deduction against any such monies due the Company.

Applicant's Signature

Date of Signature

We appreciate your interest and the time you have taken to complete this application.