

EMPLOYMENT APPLICATION

Date	Position: Store Manager <input type="checkbox"/> Store Assistant <input type="checkbox"/> Driver <input type="checkbox"/>
Name	
Address	
Date of Birth	
Contact Details	Mobile Phone Home Phone E-mail
Marital status Number of dependants	Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/>
Drivers Licence	Number _____ Expiry Date _____
Where do you reside?	Your own home <input type="checkbox"/> Renting <input type="checkbox"/> Living with parent/relatives <input type="checkbox"/> Other <input type="checkbox"/> How long have you lived at this address?
What attracted you to Pizza Inn?	
Have you ever applied to or been employed by Pizza Inn before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Store _____ Date _____ Position _____ Duration _____
Are you currently employed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employer Details Current Employer Name Phone E-mail	
What are your present duties?	
Previous Employer 1 Name Phone E-mail	
Reason for leaving this employer?	
Previous Employer 2 Name Phone E-mail	
Reason for leaving this employer?	
Previous Employer 3 Name Phone E-mail	
Reason for leaving this employer?	
Do you have any relations or friends working for Pizza Inn?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details

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Have you been fined or convicted of any crime?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details
Your Vehicle	Make: _____ Model: _____ Year: _____ Auto <input type="checkbox"/> Manual <input type="checkbox"/>
Ownership	Own Outright <input type="checkbox"/> Under Finance <input type="checkbox"/> Borrowed <input type="checkbox"/> (Parent's <input type="checkbox"/> Friend's <input type="checkbox"/>)
Condition	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Reliable <input type="checkbox"/>
Insurance	Comprehensive <input type="checkbox"/> Third Party Property <input type="checkbox"/> Compulsory Third Party Only <input type="checkbox"/>
Insurance Details	Company: _____ Policy Number: _____ Expiry Date: _____
How many years have you been driving?	Years _____ Months _____
Driving Record	Any infringements over the last 5 years? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details _____ How many points do you have on your licence? Clean <input type="checkbox"/> Demerit Points: _____
Availability	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
Commitments	What commitments do you have currently that may impact on your availability? School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Day Job <input type="checkbox"/> Other: _____
Have you ever claimed workers compensation?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details _____
Do you suffer from any of the following?	Skin Disorders <input type="checkbox"/> Back Problems <input type="checkbox"/> Limb Disability <input type="checkbox"/> Other Medical Problem <input type="checkbox"/> Give details for anything ticked _____

The above information is true and complete to the best of my knowledge. I understand that false statements, misrepresentations or omission of facts will disqualify my application, or be cause for dismissal if hired and later discovered.

Date _____

Signed _____