



Employment Application Form

First Name

Last Name

Middle Initial

APPLICATION FOR EMPLOYMENT

ABSOLUTELY ITALIAN MANAGEMENT
An Equal Opportunity Employer



All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION

Legal Name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip Code _____

Home Telephone: _____ Other Telephone: _____

E-Mail: _____ Social Security #: _____

Driver's License #: _____ State: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

United States Visa status, if applicable: _____

Have you been convicted of a felony? ☐ Yes ☐ No

If yes, please explain circumstances: _____

Are you at least 18 years old? ☐ Yes ☐ No

POSITION INFORMATION

Position(s) applying for: _____ Salary Desired: \$ _____

Employment status desired: ☐ Full Time ☐ Part Time ☐ Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

EMPLOYMENT HISTORY *(Most recent first)*

1. JOB TITLE:

Employer: _____

Dates of Employment: *(month/year)*

From: _____ To: _____

☐

Full Time

☐

Part Time

☐

Temporary

Employer's Address: _____

Supervisor: _____ May we contact: ☐ Yes ☐ No Phone: _____

Reason for Leaving: _____

DUTIES:

2. JOB TITLE:

Employer: _____

Dates of Employment: *(month/year)*

From: _____ To: _____

☐

Full Time

☐

Part Time

☐

Temporary

Employer's Address: _____

Supervisor: _____ May we contact: ☐ Yes ☐ No Phone: _____

Reason for Leaving: _____

DUTIES:

3. JOB TITLE:

Employer: _____

Dates of Employment: *(month/year)*

From: _____ To: _____

☐

Full Time

☐

Part Time

☐

Temporary

Employer's Address: _____

Supervisor: _____ May we contact: ☐ Yes ☐ No Phone: _____

Reason for Leaving: _____

DUTIES:

4. JOB TITLE:

Employer: _____

Dates of Employment: *(month/year)*

From: _____ To: _____

☐

Full Time

☐

Part Time

☐

Temporary

Employer's Address: _____

Supervisor: _____ May we contact: ☐ Yes ☐ No Phone: _____

Reason for Leaving: _____

DUTIES:

EDUCATION

Type Of School	Name & Location	Dates Attended	Degree Received	Subjects Studied	Did You Graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special Courses, Training or Experience Acquired, including Military Experience:

SKILLS

Clerical / Office Skills: _____

Computer Skills: Name of Software: _____ ☐ PC ☐ Mac WPM _____

Languages: _____

Other Special
Knowledge or Skills: _____

Please describe any other experience, abilities or skills that might be helpful in considering your application:

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee “*at will*” and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

SIGNATURE OF APPLICANT

DATE