

Marino's

APPLICATION FOR AT-WILL EMPLOYMENT

Marino's Pizza & More is an equal opportunity employer and will not discriminate against any applicant on i/se basis of any characteristic that is protected by state or federal law Michigan law requires that a person with a disability or handicap requiring accommodation to per form the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: _____ Date of Application ___ / ___ / ___

Date you can start: ___ / ___ / ___

Plans note that that application will only remain active 3 months, after which the applicant would need to re apply.

Name: _____ Social Security #: _____
Last First M.I.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (____) _____ Work (____) _____

Are you 18 years old? ___ Yes ___ No

Are there any days you cannot work? ___ If so, when? _____

Salary Desired: \$ _____ Type of Employment: ___ Full-time ___ Part-time

Are you employed now? ___ May we contact your present employer? _____

Did you ever apply to this Company before? ___ Where? _____

Under what name? _____ When? ___ / ___ / ___

EDUCATION:

	Name & Address of School	# of years attended	Did you graduate?	Subject/Major
Elementary				
High School				
College				
Specialized				

Do you have any U.S. military experience? Date entered: _____

Branch: _____ Rank: _____ Date Discharged: _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? ___Yes ___No

Please state citation, date and place where offense occurred: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application: _____

REFERENCES:

Three Individuals Not Related To You, Whom You Have Known For At Least One Year:

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS AQUAINTED

Emergency Contact: _____
Name Street City/State Telephone #

EMPLOYMENT:

DATE: mm/yy	NAME, ADDRESS, TELEPHONE No. of EMPLOYER	SALARY: STARTING/ENDING	LAST POSITION HELD/RESPONSIBILITIES	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

May We Contact The Employers Listed? ____ Yes ____ No

If not, which one(s)? _____

Please read the following statement carefully before signing to indicate *your* understanding:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test *so* that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding *the* need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated with or without cause, at any time, with or without

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted*, to provide you any and all applicable information they may *have*. I hereby release these references and former employers in all liability for any information they may give to you.

Name (print)

Signature

*Employers specifically excepted: _____

Employer Use Only

Previewed by: _____ Date: ___/___/___ Hired: __Yes __No

Starting Date: ___/___/___ Position: _____ Wage: \$_____