

# 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:**

|             | <b>Name &amp; Address of School</b> | <b># of years attended</b> | <b>Did you graduate?</b> | <b>Subject/Major</b> |
|-------------|-------------------------------------|----------------------------|--------------------------|----------------------|
| 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:

| <b>NAME</b> | <b>ADDRESS &amp; TELEPHONE</b> | <b>RELATIONSHIP</b> | <b>YEARS AQUAINTED</b> |
|-------------|--------------------------------|---------------------|------------------------|
|             |                                |                     |                        |
|             |                                |                     |                        |
|             |                                |                     |                        |

Emergency Contact: \_\_\_\_\_  
Name Street City/State Telephone #

**EMPLOYMENT:**

| <b>DATE:</b><br>mm/yy | <b>NAME,<br/>ADDRESS,<br/>TELEPHONE<br/>No. of<br/>EMPLOYER</b> | <b>SALARY:<br/>STARTING/ENDING</b> | <b>LAST POSITION<br/>HELD/RESPONSIBILITIES</b> | <b>REASON<br/>FOR<br/>LEAVING</b> |
|-----------------------|---|------------------------------------|--|-----------------------------------|
| 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: \_\_\_\_\_

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**Employer Use Only**

**Previewed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Hired: \_\_Yes \_\_No**

**Starting Date: \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_ Wage: \$\_\_\_\_\_**