



Michael Angelo's Pizza, Inc
 215 S Detroit St
 P.O. Box 616
 Kenton, OH 43326
 419-673-7101 Fax: 866-481-0765

117 N Sandusky St.
 P.O. Box 124
 Rushsylvania, OH 43347
 937-468-2100

www.michael-angelos.com

Employment Application

Michael Angelo's Pizza, Inc. is an equal opportunity employer.

All qualified applicants will be considered without regard to Race, Religion, Creed, Color, Sex, National Origin, Age, Handicap or Ancestry as required by Law

Michael Angelo's Pizza, Inc is a DRUG FREE Workplace

Personal Information

NAME				
First	Middle	Last		
ADDRESS				
Street	City	State	Zip	How Long at this address?
Phone#	Emergency Contact	Phone#		
Are you legally allowed to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been convicted, plead guilty or no contest to a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain:			Are you willing to submit to a drug test? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Availability

Position applying for?	What are the maximum hours you can work? ___ and the minimum? _____
Date you can start?	Are there any days or times that you are not available to work? Please note: All employees are required to be available on weekend nights
Type of position desired? Part time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you plan to keep working there if you work for us?	

Education

High School (last attended)	Location	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, did you earn a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
College (last attended)	Location	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major	Degree/Diploma	
Are you in school/college now? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you plan on returning to school? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Please list all previous employers, starting with the most recent.

Dates	Name of employer	Job Duties	Type of Business	Pay Rate	Reason for Leaving
From	Name			Starting	
To	Address Phone		Supervisor Name	Ending	
From	Name			Starting	
To	Address Phone		Supervisor Name	Ending	
From	Name			Starting	
To	Address Phone		Supervisor Name	Ending	

References

Please provide three personal references. Please do not list any present or past supervisors

Name	Address	Phone	Years Known	

Delivery Driver Information

All employees involved in pizza delivery for Michael Angelo's Pizza, Inc. must have their driving records reviewed before beginning employment and again at least every 6 months thereafter. In addition, all delivery employees must meet **AT LEAST** the following requirement's. Since Michael Angelo's Pizza, Inc. maintains it's own fleet of delivery cars, delivery drivers must meet insurers qualifications.

- Must have a valid Ohio Drivers License
- Must have a 2 year uninterrupted driving history
- Must show proof of and maintain auto liability insurance
- Very clean driving record for the last 3-5 years.

I have held a valid drivers license since _____

Name of auto insurance company _____ Expiration Date _____

Have you ever held a drivers license in another state? Yes No If yes, where? _____

Have you ever been convicted of or plead guilty to any traffic offenses in the past three years? Yes No

If yes, please list offenses and dates _____

Have you been involved in any auto accidents in the past 3 years? Yes No

If yes, please list offenses and dates _____

Have you ever been convicted of or plead guilty to any of the offenses listed below?

Leaving the scene of an accident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Participating in an illegal speed contest	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any drug or alcohol related violations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hit and run or any vehicular felony	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reckless Driving	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vehicular homicide or assault	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eluding or attempting to elude police	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Do you have any charges pending against you for any of the above violations? Yes No If yes, please explain:

Signature

I certify the facts contained in this application are true and complete. I understand that, if employed, false statements or omissions on this application are grounds for dismissal. I understand and agree that, if hired, my employment is for definite period of time and either I or the company can terminate employment relations at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I give my authorization to run a motor vehicle record to determine my eligibility for employment and periodically thereafter.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that pursuant to the company's job application process and written safety policy, I may be required to undergo pre employment and post employment drug testing.

Signature _____ Date _____