

Employment Application

Full Name:				Date:					
2	First		Last				_		
Address:	Street Address				City		State	Zip Code	
Phone:				(Cell)				(Home/Other)	
E-mail:						Date o	f Birth		
Availability:	Mon	Tues	Wed	Thu	Fri	Sat	Sun	(please circle)	
Hours Available	<u></u>							(indicate range per day)	
Location Applin	ng for:								
Comments:									
									,
Referred By:									
Education:									
High School:				_ Years	complet	ted	C	umulative GPA	
College:								umulative GPA	
Sports & Extrac	urricular Activit	ies:							_
									_
									-
									-

Employer: _		Dates of Employment:	
Supervisor: _		Phone No	
Address/Location	:		
ob Title & Respor	nsibilities:		
Reason for Leavin	g:		
May we contact th	is employer? Yes No (please check one)	
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Inh Title & Recnar	ncihilitiac:		
Job Title & Respor	nsibilities:		
Reason for Leavin	g:		
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Notification. Authorization and Certification:

I am hereby notified that certain diseases such as Hepatitis A, E Coli 0157, Salmonella, Shigella, Staphylococcus, Giardia, Streptococcus and Campylobacter will prevent me from handling food equipment until a clean bill of health is received from my medical doctor. It is my obligation to Longboards Pizza Company LLC to immediately notify my supervisor should I knowingly become or believe that I am infected with any of these diseases.

I hereby authorize the former employers and references I have listed on this application to provide to Longboards Pizza Company LLC with any information that would be meaningful and relevant to this employment application and I release all parties from all liabilities and/or damages that result from furnishing such information.

I certify that I have fully read and have accurately completed this employment application to the best of my knowledge. I acknowledge that any false information contained in this employment application may be grounds for Longboards Pizza Company LLC to disregard my employment application or to terminate my employment upon discovery of such false information.

I agree to read and follow the rules and regulations contained in the Longboards Pizza Company LLC Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Longboards Pizza Company LLC. I understand that Longboards Pizza Company LLC is an at-will employer and that Longboards Pizza Company LLC may terminate my employment at any time for any reason, with or without cause and that I also have these same rights with regard to terminating my own employment.

I understand that Longboards Pizza Company LLC is an equal opportunity employer and that Longboards Pizza Company LLC makes every effort to comply with various federal, state and local employment laws, as applicable. I also understand that the information I have provided in this application will not be used for any purposes(s) that are prohibited by law.

	 Date:	
Signature		