



**APPLICATION FOR THIS IS AN EQUAL OPPORTUNITY EMPLOYER**  
**STORE EMPLOYMENT TODAY'S DATE \_\_\_\_\_ STORE \_\_\_\_\_**

<b>PERSONAL INFORMATION</b>			Present Address	
Name:			Street	City
			State	Zip
Last                      First                      MI			Permanent address:	
			Street	City                      State                      Zip
Social Security Number			Phone Number (       )	
When requested, can you provide genuine documentation establishing your identity and eligibility to be employed in the U. S.?  <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> No  You must be 18 or older to drive for this company.	
Have you been convicted of a crime in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, when, where, and what was the nature of the offense?  A Conviction will not necessarily prohibit you from being employed.	
Do you have any relatives working for Romeo's Pizza? If yes, what are their names, relationships, and locations?				
How did you hear of this position?				

<b>AVAILABILITY</b>	How many hours per week do you wish to work?	
Position Desired:	Minimum _____ hours	Maximum _____ hours
Wage Desired:	Hours available	
Date you can start:	From:                      SU                      M                      T                      W                      Th                      F                      SA	To: _____

<b>EDUCATION</b>	Location
School most recently attended	
Highest year or grade completed	Did You Graduate?
Do you plan to return to school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When?	Major
	Degree / Diploma

<b>EMPLOYMENT HISTORY</b>	Have you previously worked for Romeo's Pizza? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Can We Contact Your Previous Employers? _____	If yes, list all periods of employment and Locations.			
Please list your three most recent employers and the positions you held with them.				
<b>Date</b>	<b>Name and Address of Employer</b>	<b>Previous wage</b>	<b>Position / Supervisor</b>	<b>Reason for Leaving</b>
From _____ To _____				
From _____ To _____				
From _____ To _____				

**DELIVERY DRIVERS ONLY:** If you are employed as a delivery driver by Romeo's Pizza, or any of its subsidiaries. Then you are required to maintain personal auto liability insurance at the mandatory state liability limits. You shall also be solely responsible for maintaining at your own cost, such comprehensive and auto collision coverage as deemed necessary to cover your vehicle and any other vehicles. Romeo's Pizza is not responsible for, and you assume all risk of, any loss, theft, vandalism or property damage and damage to your vehicle or contents or the property damage and or damage to a third party while being used in connection with your employment with Romeo's Pizza. You will be required to provide Romeo's Pizza with a valid copy of your insurance policy or declaration page and proof of payment of due premium when you are hired and again upon renewal. We reserve the right, and you authorize Romeo's Pizza or it's agent, to contact your insurance agent and / or carrier either verbally or in writing, or, both, to confirm the type and amount of your coverage's and the date through which premiums have been paid. In addition, your Motor Vehicle Report (MVR) will be checked to verify your driving eligibility and this serves as our authorization to do so. If you are applying for a delivery driver position we will need your date of birth to run an MVR report. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Birth date)

Insurance Company Name: \_\_\_\_\_ Policy exp. Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you had at least one year driving experience in the US?  YES  NO

Have you been involved in a traffic accident in the last 3 years?  YES  NO

If yes, please give any details: \_\_\_\_\_

Have you received any speeding tickets or other traffic citations within the last 3 years?  YES  NO If yes, please explain:

\_\_\_\_\_

Has your driver's license ever been suspended or revoked?  YES  NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**VEHICLES WHICH WILL BE USED ON THE JOB:**

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State \_\_\_\_\_

**FOR MANAGEMENT USE ONLY:** MVR's must be obtained for all delivery driver applicants prior to making a job offer.

Date MVR requested: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Requested by \_\_\_\_\_ Date Rec'd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that 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 authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts and/or law enforcement agencies 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 the same to you. I give authorization to check my Motor Vehicle Record (MVR) and attest that, to the best of my knowledge, my motor vehicle record does not include violations other than those listed in the vehicle information section.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship 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.

With the exception of the federal Equal Pay Act, I agree to bring any claim relating to my employment or application for employment within the applicable statute of limitations period or within one year of the challenged action, whichever period is shorter, and to waive any statute of limitations to the contrary. In the event this provision is unenforceable, I agree to the extension of this period to allow its enforcement as far as legally possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This organization complies with the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.