



EMPLOYMENT APPLICATION D'ANGELO SANDWICH SHOPS

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT CLEARLY

PERSONAL

Name: _____ Social Security No.: _____
(last) (first) (middle)

Address: _____
(No. and street) (apt. no.) (city) (state) (zip code)

Telephone Number: (_____) Cell Phone: (_____)

Are you under 18 years of age? _____ If yes, state your date of birth: _____

Are you legally authorized to work in the United States? _____ (Proof of eligibility to work in the U.S. will be required upon employment)

Have you filed an application with us before? _____ If yes, when? _____

Have you ever been employed by Papa Gino's or D'Angelo before? If yes, state where & when? _____

Re-hired team members should contact the Human Resources Department (ext. 690) regarding your rights about entry into the 401(k) plan.

Please list any friends or relatives employed by us: _____

How were you referred to us? Self _____ Newspaper Ad _____ Employee Referral _____

College _____ Internet _____ Job Fair _____ Employment Agency _____ Other _____

Do you have a valid driver's license? _____ Do you have access to reliable transportation? _____

Have you been disciplined, suspended, or involuntarily terminated by an employer? yes _____ no _____ If yes, state the name of the employer, date and please explain. _____

***Applicants for employment in Massachusetts should review the back of this application before completing the next two questions.**

*Have you ever been convicted of a felony? yes _____ no _____ If yes, please explain: _____

*Have you been convicted of a misdemeanor within the past five (5) years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? yes _____ no _____
If yes, please explain _____

EMPLOYMENT DESIRED / AVAILABILITY

Position: _____ Date you can start: _____

Salary desired: _____ Total hours available to work per week : _____

Are you available to work? Holidays _____ Days _____ Evenings _____ Weekends _____

Please indicate the hours that you are available to work each day:

	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM							
TO							

EDUCATION

HIGH SCHOOL: _____ GRADUATE Y _____ N _____
(name) (city/state) (#yrs attnd.) DEGREE

COLLEGE: _____ GRADUATE Y _____ N _____
(name) (city/state) (#yrs attnd.)

OTHER: _____ GRADUATE Y _____ N _____
(name) (city/state) (#yrs attnd.)

Please list any other education, training certificates, computer or special skills that you possess that are related to the job for which you are applying _____

EMPLOYMENT

Beginning with your present or most recent experience, list your last 3 employers, assignments or volunteer activity including military. If you have had less than three employers, use the remaining space for personal references that are not related to you.

COMPANY: _____ TEL. #: _____ FROM: _____ TO: _____
ADDRESS: _____
(No. and street) (city) (state) (zip code)

SUPERVISOR: _____ MAY WE CONTACT? Y _____ N _____

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

REASON FOR LEAVING:

COMPANY: _____ TEL. #: _____ FROM: _____ TO: _____
ADDRESS: _____
(No. and street) (city) (state) (zip code)

SUPERVISOR: _____ MAY WE CONTACT? Y _____ N _____

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

REASON FOR LEAVING:

COMPANY: _____ TEL. #: _____ FROM: _____ TO: _____
ADDRESS: _____
(No. and street) (city) (state) (zip code)

SUPERVISOR: _____ MAY WE CONTACT? Y _____ N _____

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

REASON FOR LEAVING:

Massachusetts Employment Only:
"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."
"An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry relative to prior arrests, or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution."

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.

*I certify that the information provided by me in this application is true and complete. I understand that any falsification, omission, or misrepresentation made by me on this application is grounds for refusal to hire, or if hired, termination.

*I authorize an investigation of all statements contained in this application and authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, credit history or any other information they might have, personal or otherwise, with regard to any subjects covered by this application, and I release all parties from all liability for any damage that may result from furnishing such information to you.

*I understand that wages, benefits, and other terms and conditions of employment may change from time to time at the discretion of Papa Gino's/D'Angelo without prior notice.

*I acknowledge that Papa Gino's/D'Angelo reserves the right to amend or modify the policies in its Handbook and other policies at any time, without prior notice.

*I acknowledge that if I am employed by Papa Gino's/D'Angelo, my employment will be at will, meaning that Papa Gino's/D'Angelo is free to terminate my employment at any time, for any reason, with or without cause and I have the same rights.

*I acknowledge that no one other than the Company's President can enter into any contractual agreement, and any such agreement, must be in writing and signed by the Company's President.

*I understand that this application for employment will remain active for thirty (30) days from today's date. If I still desire a position with the Company after this application expires, it will be my responsibility to fill out a new application and file it with the Company after that time period expires.

SIGNATURE: _____

DATE: _____

FORM D-195A