

Papa Del's Pizza Factory
papadels.com
1201 S. Neil Street
Champaign, IL 61820
217-359-7700



Application for Employment

Date _____

Manager _____

Name _____			Sex	M
(Last)	(First)	(M.I.)		F
Address _____		Date of Birth _____		
_____		_____		
Email _____		Phone # _____		
_____		_____		
Permanent Address				
(If different ther (Street)		(City)	(State)	(Zip Code)

Presently In School? Y _____	School Name _____	Class Load _____
N _____	Curriculum _____	(Hours)
Available to work school breaks Y _____		
N _____		

Applying For: Full or Part Time _____	# of Hours Desired _____
Desired Position _____	_____
_____	_____
Available To Work _____	

(Days and Hours)	

Have You Ever Been Convicted Of A Felony? Y _____	N _____
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Delivery Applicants	Car _____	License Plate _____
	(Year) (Make) (Model)	
Drivers License # _____	State of Issuance _____	
Insurance Company _____	_____	

Experience

Last Employer _____ _____ (Name, Address, Phone, Dates of employment)	Position _____ _____
Previous Employer _____ _____ (Name, Address, Phone, Dates of employment)	Position _____ _____
Previous Employer _____ _____ (Name, Address, Phone, Dates of employment)	Position _____ _____

Are There Any Reasons Why We May Not Contact Any Of The Above References?

I Testify That All Of The Information Given On This Application Is Correct To The Best Of My Knowledge.

_____ ; _____ , _____
(Signed) (Date) (Year)

Office Use Only

Hired? Yes ___ No ___ Date _____ Handouts ___ Tax Forms _____

Remarks: _____

Is Employee Eligible For Rehire? Yes ___ No ___ Date Terminated _____

Reason: A ___ Quit (Gave Proper Two Weeks Notice)
B ___ Quit (No Notice Given)
C ___ Self Termination (Did Not Show Up for Scheduled Hours)
D ___ Fired - - - Reason: _____

Remarks: _____

Insurance Information (Delivery Only)

Policy Number:

Effective Dates: _____

_____ to _____ to _____
_____ to _____ to _____

