Application for Employment S & S Sayre Pizza, Inc.





Creston

234 S. Main St. Creston, OH 44217 330-435-4422

Smithville

637 E. Main St. Smithville, OH 44677 330-669-2231

www.pizzabysam.com www.villagecateringcompany.com

Dear Applicant:

Welcome to Sam's Pizza and Heroes and Village Catering Company. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service, and attention for our guests. Please read our company's mission statements below.

Mission Statement:

"Whatever you do, whether in word or in deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him."

Colossians 3:17

To our valued Team Members:

Our Team is the most important asset of the company. We will strive to provide clear, consistent, strategic leadership for all of our staff. We will also do our best to create a safe, fun, and relaxed workplace for everyone. Together we will all profit and have a good time doing so.

To our valued customers:

It is our mission to give our customers products that are of the highest quality, service that is always friendly and helpful, and prices that are fair and reasonable.

If this feels like an environment for you, please complete the application.

S&S Sayre Pizza, Inc. Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

PLEASE PRINT CLEARLY	Date:							
Which location are you applying at? Creston	Smithville Village Catering							
Circle the position you are applying for: Kitch	en Delivery Driver Event Staff/Prep Other							
Are you willing to float between stores if the need arises? Yes No								
How did you find out about this job? Internet	Employee Walk-In Relative Other							
Why are you seeking a new job at this time?								
Applicant Information (Applicants must be at least 16 years of age.)								
First NameMiddle_	Last							
Street Address	Social Security No							
City/State/Zip	Phone							
If hired, do you have a reliable means of transport	ation to get to work?Describe							
Are you at least 18 years old?If you are und	der 18 years of age, can you furnish a work permit?							
Please provide: Driver's License No	StateExpiration Date							
Are you legally eligible for employment in the U.	S.?(Proof of U.S. citizenship or immigration status is required if hired.)							
Have you been convicted of a crime? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (Note: The existence of a criminal record does not constitute an automatic bar to employment.)								
List any special skills or training:								
Employment Information								
Are you seeking full time, part time, or temporary employment?								
What hours and shift(s) would you prefer to work?								
List the minimal hrs/week that you would accept to meet your needs.								
List times you are not available to work or any activities that would interfere with scheduling.								
Are you willing to work overtime? We	eekends? Holidays?							
Are you currently employed? If hired	d, when would you be able to start?							

Have	e you ever worked for this organization before? If yes, name used:
List	any friends or relatives employed by this company:
Have	e you ever been discharged or asked to resign from any position?If yes, please describe:
to pe	plicable, please refer to the attached job description for the position for which you are applying. Are you able erform all these tasks with or without reasonable accommodation?Please describe which tasks, if you will need accommodation to perform, and explain what type of accommodation you will need:
Pleas	se describe:
Ed	ucation Circle level of education <u>completed</u> . High School: 9 10 11 12 College: 1 2 3 4
Nam	ne of High School attending/ed
Nam	ne of College attending/ed
	Major:
Re	ferences
Pleas	se provide the names of 3 non-family members.
1.	Name:
	Phone Number:
	Address:
	How long have you known this reference?
2.	Name:
	Phone Number:
	Address:
	How long have you known this reference?
3.	Name:
	Phone Number:
	Address:
	How long have you known this reference?

Work History (please begin with most recent)

1.	Company		Phone No. with Area Code
	Address		City/State/Zip
	Dates of Employment: From	To	Job Title
	Supervisor's Name & Title		
	Briefly describe duties:		
	Specific reason for leaving:		
2.	Company		Phone No. with Area Code
	Address		City/State/Zip
	Dates of Employment: From	To	Job Title
	Supervisor's Name & Title		
	Briefly describe duties:		
	Specific reason for leaving:		
3.	Company		Phone No. with Area Code
	Address		City/State/Zip
	Dates of Employment: From	To	Job Title
	Supervisor's Name & Title		
	Briefly describe duties:		
	Specific reason for leaving:		
4.	Company		Phone No. with Area Code
	Address		City/State/Zip
	Dates of Employment: From	To	Job Title
	Supervisor's Name & Title		
	Briefly describe duties:		
	Specific reason for leaving:		
		•	of these organizations or attended school under a different n(s)
		_	If not, list the employers you do not wish us to contact
anc	1 why.		

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for supplying any information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILLEMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date	
Name (please print)		