

Pizza Time

Employment Application

Date of application

Two ways to apply: type into this form on your computer or phone, save it, and email it to olympia@pizzatime.com, or print it, fill it in by hand and bring it to the store. An Equal Opportunity Employer.

PERSONAL INFORMATION

Last name	First name	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email	
<input type="text"/>	<input type="text"/>	

Are you 18 years of age or older? ☐ Yes ☐ No *If no, a parent/school authorization may be required before hire.*

IN CASE OF EMERGENCY, NOTIFY

Name	Relationship	Phone	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSITION & AVAILABILITY

Position desired	Date you can start	Hours per week wanted	What hours can you work?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Days you can work: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun *All employees must work at least one weekend night.*

Are you currently employed? ☐ Yes ☐ No

Can you perform the essential duties of this job, with or without reasonable accommodation? ☐ Yes ☐ No

EXPERIENCE

Do you have previous pizza or restaurant experience? ☐ Yes ☐ No

Where	When	Job title	Job description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever worked for Pizza Time before? ☐ Yes ☐ No

When / which location	Supervisor name	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYMENT HISTORY

Most recent first

CURRENT OR MOST RECENT EMPLOYER

Employer name	Phone		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
Job title	Supervisor name & title		
<input type="text"/>	<input type="text"/>		
Start date	End date	Starting pay	Ending pay
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May we contact this supervisor?	☐ Yes ☐ No		
Reason for leaving			
<input type="text"/>			
Description of work			
<input type="text"/>			

PREVIOUS EMPLOYER

Employer name	Phone		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
Job title	Supervisor name & title		
<input type="text"/>	<input type="text"/>		
Start date	End date	Starting pay	Ending pay
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May we contact this supervisor?	☐ Yes ☐ No		
Reason for leaving			
<input type="text"/>			
Description of work			
<input type="text"/>			

Applicant name:

REFERENCES

Three people not related to you, known at least one year

1. Name	Phone	Address	Years known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Name	Phone	Address	Years known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Name	Phone	Address	Years known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DELIVERY DRIVERS ONLY — VEHICLE, INSURANCE & DRIVING RECORD

Skip if not applying to drive

Vehicle year	Make	Model	License plate #	State	Driver's license #	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance company	Agent name, address & phone			Liability coverage amount	How often paid	
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	
Policy effective date	Policy expiration date					
<input type="text"/>	<input type="text"/>					

List all moving traffic violations in the last three years (not parking tickets), with the date, violation and penalty. Write "None" if you have none.

Date	Violation	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Violation	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Violation	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE / DRIVER AGREEMENT

I have completed the information above about my driving record and state that it is complete and accurate. I authorize Pizza Time to obtain my motor vehicle record (MVR) to verify it, and I understand my record may be checked periodically. If my record does not meet company requirements, my employment may be ended. I understand I must carry liability insurance while driving for Pizza Time and that Pizza Time is not responsible for physical damage to my vehicle. I agree to these safety policies while working:

1. Obey all traffic laws at all times.
2. Keep my car in safe working order; if it is not, I may be taken off the road.
3. Wear my seat belt at all times.
4. Not eat or drink while driving.
5. Never drive after consuming drugs or alcohol.
6. Allow no passengers other than on-duty employees and authorized security staff while delivering.
7. Come to a complete, safe stop any time I use a spotlight or lamp.
8. Take a driver safety class if management requires it; refusing may lead to termination.
9. Tell Pizza Time if I receive a ticket or am arrested for a driving-related offense.
10. Tell Pizza Time if my driving privileges are suspended, revoked or restricted.
11. Tell Pizza Time of any change to my car insurance.
12. Promptly report any incident involving a car while working, whether or not anyone is hurt or anything is damaged, and regardless of fault.
13. Drive courteously and defensively.
14. Drive only the insured vehicle listed above unless I have prior approval.
15. Be responsible for all equipment and uniforms Pizza Time issues to me.

I have read and understand the employee/driver agreement above.

Signature (or type full name)	Date
<input type="text"/>	<input type="text"/>

APPLICANT CERTIFICATION — ALL APPLICANTS

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false statements may be grounds for not hiring me or for dismissal. I authorize Pizza Time to verify the information I have given and to contact my listed employers and references. I understand that, if hired, my employment is for no definite period and may be ended at any time, with or without notice.

Pizza Time does not ask about criminal history on this application. Any background check happens only after we determine you meet the basic qualifications for the job, as required by Washington's Fair Chance Act.

Signature (or type full name)	Date
<input type="text"/>	<input type="text"/>