



LEO'S RISTORANTE

7042 EAST MARKET STREET
WARREN,, OHIO 44484
330-856-5291 Fax 330-856-4448

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
& DRUG FREE WORKPLACE

PERSONAL INFORMATION PLEASE PRINT

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____ Are You 21 Years Or Older? Yes___ No___

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. and Expiration Date: _____

POSITION YOU ARE APPLYING FOR: _____ Salary Requirement: _____

SHIFTS YOU WILL ACCEPT: Day Night Weekends Only Any Shift (as needed) Part Time Only

Are You Employed Now? _____ If So May We Inquire, With Whom? _____

Referred by: _____ Date You Can Start: _____

Ever Applied To This Company Before? _____ When? _____

EDUCATION RECORD	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	GRADUATION DATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

Special Skills

Activities: (Civic, Athletic, Etc.)

U.S Military/Naval Service _____ Rank _____ Present Member In National Guard _____

CONTINUED ON OTHER SIDE

WORK HISTORY (give information about your last 3 jobs, starting with the most recent)

1-EMPLOYER		Dates Employed:		
ADDRESS:		PHONE#:		
Title/Duties:		Ending Salary:		
Manager's Name and Title:		Reason for Leaving:		
2-EMPLOYER		Dates Employed:		
ADDRESS:		PHONE#:		
Title/Duties:		Ending Salary:		
Manager's Name and Title:		Reason for Leaving:		
3-EMPLOYER		Dates Employed:		
ADDRESS:		PHONE#:		
Title/Duties:		Ending Salary:		
Manager's Name and Title:		Reason for Leaving:		

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE THE MOST ABOUT THIS JOB?

REFERENCES: Give The names Of Three Persons Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

" I Certify That The Facts Contained In This Application Are True And Complete To The Best Of My Knowledge And Understand That , If Employed, Falsified Statements On This Application Shall Be Grounds For Dismissal.

I Authorize Investigation Of All Statements Contained Herein And The References Listed Above To Give You Any And All Information Concerning My Previous Employment And Any Pertinent Information They May Have, And Release All Parties From All Liability For Any Damage That May Result From Furnishing Same To You.

I Understand And Agree That, If Hired, My Employment Is For No Definite Period And May, Regardless Of The Date Of Payment Of My Wages And Salary, Be Terminated At Any Time Without Prior Notice And Without Cause

DATE _____ SIGNATURE _____