



Michael Johns Pizza



DATE: _____
Application For Employment

Personal Information

Last Name	First Name	Middle Initial	Phone
PRESENT ADDRESS			
Street Address	City	State	Zip Code
PERMANENT ADDRESS			
Street Address	City	State	Zip Code
Social Security Number - -	Date of Birth	E-mail Address	Referred By

Education

Name of School and Address	Graduated		Years Attended	Major
	Yes	No		
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Employment Desired

Position	Date you can start	Starting Wage Desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Lox Stock & Bagels? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Days and Hours available		Store Hours
Day:	Sunday Monday Tuesday Wednesday Thursday Friday Saturday	Mon-Fri 10:00am to 10:00pm
From:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sat 10:00am to 10:00pm
To:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sun CLOSED

Personal

Any special skills or training?

