

DATE OF APPLICATION _____

PERSONAL

Mellow Mushroom Pizza Bakers

FULL NAME			STREET ADDRESS
	STATE	ZIP	HOME OR CELL NUMBER #
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH MELLOW MUSHROOM? [] YES [] NO IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR MELLOW MUSHROOM BEFORE? [] YES [] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HAVE YOU EVER APPLIED TO MELLOW MUSHROOM BEFORE? [] YES [] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HOW WERE YOU REFERRED:			

GENERAL INFORMATION

ARE YOU AT LEAST 18 YEARS OR OLDER?	[] YES [] NO NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK.	IF
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [] YES [] NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? [] YES [] NO <small>A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:</small>		
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [] YES [] NO IF YES, PLEASE EXPLAIN:		

PLEASE CHECK SCHEDULE AVAILABILITY:
 I am available and desire to work FULL-TIME and do not have restrictions on my hours and days. (Complete Section B.)
 I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).
 A. I am only available for PART-TIME because: [] Student [] Other Job [] Other (explain) _____

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.
TO	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE WEEKLY.

WAGE EXPECTED	DATE AVAILABLE FOR WORK?
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EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT

1	EMPLOYER	FROM MO.	FROM YR.	STARTING SALARY \$	JOB TITLE	REASON FOR LEAVING
	NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	TO MO.	TO YR.	ENDING SALARY \$		
	CITY, STATE, ZIP			\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS				
	EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER
2	EMPLOYER	FROM MO.	FROM YR.	STARTING SALARY \$	JOB TITLE	REASON FOR

2	EMPLOYER	FROM	SALARY	JOB TITLE	LEAVING
		MO.			
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO	ENDING		
CITY, STATE, ZIP		MO.	YR.	SALARY	NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER?

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER					

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____