

Milano Pizza Company

Employment Application

Date

Month Day Year

Name *

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

E-mail *

example@example.com

Phone Number *

Date of Birth

Month Day Year

Are you a US citizen?

Yes

No

If No, please enter Work Permit Authorization Number.

Your pizza restaurant experience.

Days and hours available to work.

Position applying for:

Cook

Driver

Have you worked in this company in the past?

Yes

No

Work history from last two years to present.

How did you find out about us?

Car insurance information (for delivery drivers only).

Insurance company name, phone number, & policy number

Do not write in the space below.

Social Security #:

Driver License #:

Number of deductions on W-2:

Marital Status: