



commitment/people/quality/service

Barlo's is an equal opportunity employer.

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. Barlo's is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

Today's Date:

PERSONAL INFORMATION					
Name				Date of Birth	
Address 1				City/Town/Zip	
Phone or Cell		ZIP Code		DLN	

EMPLOYMENT DESIRED			
Position desired		Desired salary	
Are you employed right now? Yes No			
If yes, can we contact your present employer? Yes No		Phone number:	
Are you legally authorized to work in the U.S.? Yes No			
Have you ever applied to Barlo's Pizza before? Yes No			
If yes, which location?			
If yes, when did you apply?			

CRIMINAL RECORD	
Have you ever been convicted of a crime other than a minor traffic violation? (Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.) The existence of a criminal record will not automatically disqualify you from the job for which you are applying. Yes No	
If yes, please explain offense and final disposition:	
Would you be willing to provide a criminal record? Y N	
Would you be willing to take a drug test? Y N	

EDUCATION HISTORY	
High School: (Name & Location)	Did you graduate? Yes No In the process
	How long did you attend?
Undergraduate: (Name & Location)	Did you graduate? Yes No In the process
	How long did you attend?
	What was your area(s) of study?
Trade/Business School/Other: (Name & Location)	Did you graduate? Yes No In the process
	How long did you attend?
	What was your area(s) of study?

GENERAL INFORMATION
Special Skills:
Certifications and Special Training:

MILITARY SERVICE



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EMPLOYMENT INFORMATION (List your last four employers, putting the most recent one first)

DATE (M/Y)	NAME & ADDRESS OF EMPLOYER	SUPERVISOR	SALARY	POSITION	REASON FOR LEAVING
FROM:	NAME		STARTING:		
TO:	ADDRESS CITY		FINAL:		
	STATE PHONE				
FROM:	NAME		STARTING:		
TO:	ADDRESS CITY		FINAL:		
	STATE PHONE				
FROM:	NAME		STARTING:		
TO:	ADDRESS CITY		FINAL:		
	STATE PHONE				
FROM:	NAME		STARTING:		
TO:	ADDRESS CITY		FINAL:		
	STATE PHONE				

REFERENCES (OTHER THAN RELATIVES)

NAME	ADDRESS	PHONE NUMBER	TITLE	YEARS KNOWN

LEGAL DESCRIPTION

“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 statement on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you and any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

SIGNATURE:	DATE:
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