

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES**WORK EXPERIENCE***Note: Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more. A résumé providing this information may be attached as a supplement.*

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER (PLEASE INCLUDE PHONE NUMBER)	POSITION
Start Date	Leave Date		
Salary		Reason for leaving	
Start Date	Leave Date		
Salary		Reason for leaving	
Start Date	Leave Date		
Salary		Reason for leaving	
Start Date	Leave Date		
Salary		Reason for leaving	

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE NUMBER	YEARS ACQUAINTED
1.			
2.			
3.			

PLEASE REVIEW THE DUTIES OF THIS POSITION AS OUTLINED IN THE JOB POSTING/DESCRIPTION. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB? Yes No

IF NOT, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE NO.

DELIVERY DRIVERS ONLY:

A copy of the following is required from each applicant: a) Driver's License; b) Vehicle Registration; and c) Auto Liability Insurance Policy (Vehicle only)

Name of company insured with: _____ Policy Number: _____

Name of Insured (or Policyholder): _____

Policy Effective Date: _____ Policy Expiration Date: _____

Have you ever been convicted of a crime involving a motor vehicle, including vehicular homicide or assault? Yes No

In the last 5 years, have you ever received a violation for DUI or open container/chemical test failure/possession of a controlled substance? Yes No

Has your driver's license ever been suspended or revoked Yes No If yes, please explain: _____

The information I have supplied is complete and accurate. I authorize the Company to verify this information now and in the future, and understand that I may be terminated at any time if my driving record does not meet Company requirements.

If I am employed as a delivery driver by the Company, I also agree to maintain, at my cost, personal auto liability insurance at the mandatory state liability limits for the state(s) in which I will be driving. I agree to renew my driver's license before expiration. I understand that Blackjack Pizza and the Company are not responsible for damage to my vehicle, and I agree to have continuously in force auto liability insurance that will cover my vehicle while working here. I agree that it is my responsibility to consult with my insurance agent to maintain adequate insurance.

I UNDERSTAND THAT BLACKJACK PIZZA AND THE COMPANY DO NOT WANT ME TO EVER SPEED OR DRIVE RECKLESSLY IN ANY WAY. I WILL REPORT ANY INSTRUCTIONS TO DO OTHERWISE TO THE BLACKJACK PIZZA CORPORATE OFFICE.

I AGREE TO OBEY THE FOLLOWING POLICIES WHILE WORKING:

1. To always drive courteously, safely, and follow defensive driving techniques while obeying all laws.
2. To notify the Company if there is any change in my car insurance.
3. To notify the Company if my driving privileges are restricted, suspended, or revoked, and in the event I receive a ticket, on or off the job.
4. To always use my seat belt while working here and keep my radio/music system to a volume level my supervisor finds acceptable at all times.
5. To be employed here as a driver it is up to me to supply a clean, safe, dependable vehicle with proper insurance. I realize that if I am employed as a driver, my employment can be terminated if my car is not in proper working order.
6. To never allow anyone else to ride with me while working, unless instructed by my supervisor.
7. To never eat or drink while driving.
8. To discuss with my supervisor any incident involving a vehicle that happens while working, no matter whose fault, and whether or not there were any injuries.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF I AM EMPLOYED, ANY OMISSION OR 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, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT NOTHING IN THIS EMPLOYMENT APPLICATION, IN COMPANY STATEMENTS OF PERSONNEL POLICIES, OR IN MY COMMUNICATION WITH ANY EMPLOYEE OR OFFICIAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND ME, AND THAT MY EMPLOYMENT WITH THE COMPANY IS ENTERED INTO VOLUNTARILY, AND THAT I MAY RESIGN AT ANY TIME. SIMILARLY, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME WITHOUT PRIOR NOTICE.

Date

Signature