



**Sir Pizza Of Kentucky, Inc.**  
 2604 Richmond Rd. Lexington, KY 40509  
 (606) 266-5979

**EMPLOYMENT APPLICATION**

(An Equal Employment Opportunity Employer)

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last, First, M.I.) \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Street Address \_\_\_\_\_ How long: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Tel. No. ( ) \_\_\_\_-\_\_\_\_

Are you over 18 years of age?. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you legally able to be employed in the USA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start: / / Expected Earnings per Week \$ \_\_\_\_\_

Are you interested in becoming a delivery driver? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, do you have dependable transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Have you worked for Sir Pizza of Kentucky before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Where and When? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

**AVAILABILITY**

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

	M	T	W	R	F	S	S
Hours: From:							
Available To:							

**MEDICAL HISTORY**

This job requires among other things, serving food to the general public.

Do you have any contagious disease or physical condition which could interfere with your ability to do this job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give details: \_\_\_\_\_

**EDUCATION:**

Type of School	Name of School	City & State	Major	Did you graduate?

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Special Skills or Training: \_\_\_\_\_

US Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Duty from: \_\_\_\_\_ to: \_\_\_\_\_

**FORMER EMPLOYERS**

(List below last 3 employers, starting with current or last one first)

Employer's Name & Address	From Mo/yr	To Mo/yr	Ending Salary	Describe Work	Reason for Leaving	Supervisor Name
1.						
2.						
3.						

May we contact employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Please list #'s of those you do not wish us to contact \_\_\_\_\_

**REFERENCES**

Give name of two persons not related to you, whom you have known at least one year.

Name and occupation	Address	Phone #	Years Known
1.			
2.			

**READ CAREFULLY, DATE AND SIGN:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I'm employed, 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/all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and acknowledge that the company does not make offers of employment to, or enter into employment contracts with prospective or existing employees for any fixed and definite period of time, and that in the event of my employment by the company and regardless of the date thereof, my employment and compensation can be terminated with or without cause and with or without prior notice at any time.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date: