



PIZZA PORT SOLANA BEACH : 135 N. HWY 101, SOLANA BEACH, CA 92075  
(858) 481-7332

PIZZA PORT CARLSBAD: 571 CARLSBAD VILLAGE DR., CARLSBAD, CA 92008  
(760) 720-7007

PIZZA PORT SAN CLEMENTE: 301 N. EL CAMINO REAL, S.C., CA 92672  
(949) 940-0005

**APPLICATION FOR EMPLOYMENT**

**AN EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL INFORMATION**

NAME		SOCIAL SECURITY #		
PRESENT ADDRESS	APT. #	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. #	CITY	STATE	ZIP
ARE YOU 21 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE		

**WHAT POSITION ARE YOU INTERESTED IN? (CIRCLE ALL THAT APPLY)**

KITCHEN   REGISTER   BAR   BARBACK   BUSSER   FOOD PREP   DOUGHMAKER   DRIVER   MANAGER   BREWER

IF DRIVING POSITION IS DESIRED:

DRIVER'S LICENSE #	VEHICLE MAKE & MODEL	LICENSE PLATE #
AUTO INSURANCE CARRIER		
POLICY #		

**EDUCATION**

SCHOOL LEVEL	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

**HOBBIES:**

## EMPLOYMENT HISTORY

NAME OF MOST RECENT EMPLOYER:			
ADDRESS		CITY, STATE, ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING PAY	ENDING PAY	TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES            NO	NAME		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS		CITY, STATE, ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING PAY	ENDING PAY	TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

In addition to the experience listed above, I have the following knowledge and skills specific to employment at Pizza Port:

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 STATEMENTS 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 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 UTILIZING SUCH INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_