|  |  |
| --- | --- |
|  | Zizza Highway Services, Inc. |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Date of Birth: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | | If no, are you authorized to work in the U.S.? | | YES | NO |
| Please Check Mark your Ethnicity (Optional): | | |  | |
| Multi - Racial | | | Asian | |
| White | | | Other | |
| American Indian or Alaska Native | | | African American or Black | |
| Native Hawaiian or Pacific Islander | | | I Do Not Wish to Disclose | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of a felony? | | YES | NO | Have you provided a copy of your OSHA card? | |  | YES | NO |  |
| If yes, explain: | ­­­­­ | | | YES NO |

## References

Please list two professional references.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | Relationship: | |  |
| Company: |  | | | | Phone: | |  |
| Address: |  | | | | | | |
|  |  | | | |  | |  |
| Full Name: |  | | | | Relationship: | |  |
| Company: |  | | | | Phone: | |  |
| Address: | |  | | | | | |
|  | | |  |  | |  | |
| May we contact your previous supervisor for a reference? | | | YES | NO | |  | |

## Emergency Contacts (Please Provide Two)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | Relationship: | |  |
| Company: |  | | | | Phone: | |  |
| Address: | |  | | | | | |
|  | | |  |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |
|  |  | | |

**Acknowledgement of Drug & Alcohol Policy**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | Relationship: | |  |
| Company: |  | | | | Phone: | |  |
| Address: | |  | | | | | |
|  | | |  |  | |  | |

Employee Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |