Parisi

Firenzetavola

## **APPLICATION FOR EMPLOYMENT**

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

Position Applying for: \_\_\_\_\_

Availability: Mon\_\_\_\_\_Tues\_\_\_\_\_Wed\_\_\_\_\_

Thurs\_\_\_\_\_Fri\_\_\_\_Sat\_\_\_\_Sun\_\_\_

Preferred # of hours per week\_\_\_\_\_

4401 Tennyson St.	Denver CO 80212	303.561.02	34 info@parisidenv	er.com
Full Name:				
first Email address:		middle Phone #	last	
Street Address/City/State/Zip				
Are you entitled to work in th	ne United States?	yesr	o You will be required to	provide proof.
How did you learn about thi	s position?			
Desired pay:	Date available	to start:	Are you a stud	ent?
Tell us why you would like to	work here and give	e your qualific	cations:	
Have you ever been convicted If yes, please provide: Date of B County-State in which felony o	d of, or pleaded guilty pirth	or no contest Date of c	to a felony offense? conviction	yesno
County-State in which felony o	ccurred:	Facts si	urrounding the conviction: _	
Please provide 2 personal re	ferences (not relativ	ves):		
1. Name	Relationship_		phone	
2. Name	Relationship_		phone	
Emergency Contact:				
Name	Relationship_		phone	

## EDUCATION

	Name of Schoo CITY, STATE		id you finish? attended/Degree	Awards, activities
College				
High School				
		-	MPLOYERS nost recent)	
Date (From/To)	Name & Address	Salary/Wage Phone #	Position/Title	Reason for leaving
1				
2				
3				

## IF PRESENTLY EMPLOYED, CAN WE CONTACT YOUR EMPLOYER? Yes or no

Parisi Foods, Inc is an Equal Opportunity Employer. Any person applying for a position with Parisi will be considered for the position for which they have applied without regard to race, religion, age, sex, national origina or disability.

I certify that the facts contained in this application are true and complete to the best of my knowledge. 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 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. I also understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application and for my immediate discharge should one be discovered after I am employed.

Signature\_\_\_\_\_

Date\_\_\_\_

FOR MANAGEMENT:	
DATE OF HIRE	

\_\_\_\_\_WAGE/SALARY\_\_\_\_\_