



P I Z Z E R I A
P R I M A S T R A D A

EMPLOYMENT APPLICATION

FOR OFFICIAL USE ONLY

Date rec'd _____

Rec'd by _____

Screened _____

Ref'd by _____

Date _____

Name _____

Address _____

City _____

Province _____

Postal Code _____

Phone _____

Email _____

Do you have a friend or family working for Prima Strada?

yes no

If yes, whom? _____

Do you have any illness or injuries that may prevent you from performing the duties related to the position in which for have applied?

Position Desired _____

Availability

day

night

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> day							
<input type="checkbox"/> night							

When can you begin working? _____

Tell us about your proudest accomplishment in the past year?

How did you hear about us? _____

Do you have Food Safe?

yes no

If yes,

Level completed _____

Date _____

Do you have Serving It Right?

yes no

EDUCATION	1	2	3
Name of School			
City			
Course			
Date of Study (from-to)			
Did you Graduate?			

WORK EXPERIENCE	1	2	3
Employer			
Position			
Phone			
Dates of Employment			
Supervisor			
Rate of Pay			

Why did you leave your last job?

REFERENCES	1	2	3
Name			
Relationship			
Years Known			
Phone/Email			

Do you have experience cooking or serving Neapolitan Pizza?

Why would you like to work at Pizzeria Prima Strada?

Do you certify the answers you provided in this application is true and complete? yes no

Do you understand that any false answers or statements made by you will be grounds for termination of employment? yes no

Do you authorize Pizzeria Prima Strada to verify any of the above listed information? yes no

Do you authorize Pizzeria Prima Strada to contact the above references? yes no

* Please save this PDF to your computer desktop, and then email it to: jobs@pizzeriaprimastrada.com