



Employment Application

This application is active for 60 days.
 After 60 days, you must re-apply for further consideration. Thank you.
Mancino's Pizza & Grinders is an Equal Opportunity Employer

Thanks for your interest in Mancino's Pizza & Grinders. We are dedicated to offering top-quality food at reasonable prices, served fast and fresh by friendly, helpful team members. We want our customers to have an enjoyable dining experience, and excellent customer service by caring staff members helps makes that possible. **ARE YOU A FUTURE MEMBER OF OUR TEAM?** Here are some of our details:

1. Mancino's is an locally-owned dining and take-out restaurant. Our owner, manager and team works hard to lead the staff in assuring top-notch, good service. We serve Pizza, Grinders, Salads, Desserts and more, all made as ordered.
2. Since we first opened, Mancino's has strived to serve the best food fast in a friendly environment at a reasonable cost. We work every day to serve our customers, whatever their dine-in, take-out and catering food needs.
3. Every team member learns to do every job, period. We pay top wages to our chosen workers. This is a fast-paced job, to please our guests... the most important part of our business. **ARE YOU A FUTURE MEMBER OF OUR TEAM?**

	DAY	SUNDAYS	MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS	SATURDAYS
IN GENERAL, I'M AVAILABLE TO WORK:	FROM							
	TO							

First Name		Middle Initial	Last Name		Position Applied For:			
Present Address					Wage Expected:			
City	State	Zip Code		Email Address:				
Cell phone Number		Driver's License Number:						
Date Available to start work:			Type of Employment Sought: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____					

Have you previously been employed here? Yes No If "Yes," list dates: _____

Referred by: Advertisement Employee Relative Walk-in Name of source _____

Do you know anyone working here? If "Yes," state person's name and relationship _____

If hired, you may be required to furnish proof of age. Can you do so? Yes No Are you under 18 years of age? Yes No

Are you legally eligible for employment in the United States of America? Yes No Can you provide proof? Yes No

Education, Training or Equivalent Experience

Name of School	Years Completed	Degree/Diploma ?	GPA / Class Rank

References

Please list name and telephone number of one family / business / work reference not related to you

Name	Telephone	Years Known

Employment Experience

Last or Present Employer		Address/City	Dates Employed: From To	Describe type of work:
Salary / rate of pay	Reason for leaving		Supervisor's name & title	
Next Previous Employer		Address/City	Dates Employed: From To	Describe type of work:
Salary / rate of pay	Reason for leaving		Supervisor's name & title	

Any Additional Information / Statements:

List special accomplishments, qualifications, etc., which you would like considered: _____

I believe I would enjoy working at Mancino's because: _____

I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. Whenever possible, the employer asks for two weeks' notice of my resignation, so that replacement workers can be found. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Today's Date _____

FOR MANAGER'S USE ONLY

Comments

IF HIRED

Date of Offer _____

Date Accepted _____

Starting Date _____

Salary/Rate _____

IF NOT HIRED (Check Reasons)

_____ No job available*

_____ After job described, no longer desired by applicant

_____ Not available to work required hours

_____ Rejected offer

_____ Other* (*with explanation)

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