

Employment Application form



- Please print all information requested except signature.
- Applicants may be tested for illegal drugs.
- Please complete pages 1-4
- Mail or deliver to: Kaleidoscope Pizzeria & Pub · 3084 Crater Lake Hwy., Medford, OR 97504

APPLICATION ACCEPTANCE DAYS/TIMES (if dropping off):
Monday-Thursday, between 3 and 4pm.

Kaleidoscope[™]
Pizzeria & Pub

Leave blank. For office use only.

Date: _____ Telephone: _____ Date of Birth: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

Applying for (**check only one**): Host/Busser Kitchen

Are you currently authorized to work in the United States? (Proof of eligibility will be required if hired). Yes No

Days/hours available to work:

No pref: _____ Thur: _____

Mon: _____ Fri: _____

Tue: _____ Sat: _____

Wed: _____ Sun: _____

How many hours can you work weekly? _____

Can you work days? Yes No Can you work nights? Yes No

Employment desired? Full-time only Part-time only Full or part-time

When are you available to start work? _____ Do you have a **current** Food Handler's card? Yes No



Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				

Please list two references other than relatives or previous employers:

Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use this space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer:	Name of Last Supervisor	Employment Dates
Street Address:		From: To:
City, State, Zip Code:	Job Title:	
Phone Number:		
Reason for Leaving (please be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		

Name of Employer:	Name of Last Supervisor	Employment Dates
Street Address:		From: To:
City, State, Zip Code:	Job Title:	
Phone Number:		
Reason for Leaving (please be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		



Name of Employer:	Name of Last Supervisor	Employment Dates
Street Address:		From: To:
City, State, Zip Code:	Job Title:	
Phone Number:		
Reason for Leaving (please be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability.

Thank you for completing this application form and for your interest in our business!

_____ Applicant Signature _____ Print Name _____ Date

