



Chanello's Pizza  
 1006 Aragona Boulevard  
 Virginia Beach, VA 23455  
 757-456-0010 fax: 757-456-0137

# Application for Employment

pre-employment questionnaire • Chanello's Pizza is an Equal Opportunity Employer.

application date: \_\_\_\_\_ please print information clearly phone # \_\_\_\_\_

name: \_\_\_\_\_  
last first middle initial

address: \_\_\_\_\_ city: \_\_\_\_\_  
 \_\_\_\_\_ state / zip: \_\_\_\_\_

position desired\*: \_\_\_\_\_

are you at least 18 years of age?  Yes  No

salary desired: \_\_\_\_\_

are you currently employed?  Yes  No

date you can start: \_\_\_\_\_

if so, may we contact your current employer?  Yes  No

have you ever applied/worked for Chanello's?  Yes  No

when? \_\_\_\_\_

where? \_\_\_\_\_

## HOURS / TIMES YOU ARE AVAILABLE FOR WORK

	MON	TUE	WED	THR	FRI	SAT	SUN
from:							
to:							

*\* if applying for delivery driver or management...*

do you have a valid driver's license?  Yes  No

do you have current/valid liability insurance?  Yes  No

## EDUCATION

	NAME & LOCATION	YEARS	GRADUATE	SUBJECTS/MAJOR
high school				
college				
subjects of special study or interest / special training skills				

## EMPLOYMENT HISTORY (list the most recent or current employer first)

DATES:	NAME & LOCATION	POSITION	SALARY	REASON FOR LEAVING
from:				
to:				
from:				
to:				
from:				
to:				

## CHILD SUPPORT CERTIFICATION

Are you subject to a child support income withholding order?

Yes  No

## IN CASE OF EMERGENCY (list nearest living relative)

name: \_\_\_\_\_

phone: \_\_\_\_\_

location: \_\_\_\_\_

relationship: \_\_\_\_\_

## NOTICE TO APPLICANT (effective 7/1/98)

If any civil garnishments or tax liens are served to Chanello's Pizza on your behalf, there will be a one time fee of \$10.00 per summons. The Commonwealth of Virginia has authorized employers to charge a fee of \$5.00 to cover the extra administrative costs for each deduction in connection with a garnishment of wages or for each reply that no funds are available. This fee amount is in addition to the amount of the payroll deduction. This is official notice that Chanello's Pizza will charge the above mentioned fee to each employee when Chanello's is required to process a garnishment order for child support.

I have read the above statement of policy regarding garnishment of wages and if I accept employment with Chanello's Pizza by my signature I hereby agree to the stated fee charge.

signature: \_\_\_\_\_ date: \_\_\_\_\_

last

first

middle initial

store #

hire date

position

rate

**PAY ADVANCES & PAY DEDUCTIONS**

I am aware that Chanello's Pizza offers its employees the opportunity for advances of their earned pay. I also understand that the system for pay advances may not be used for cash, but is for the use of food and uniform purchases from Chanello's Pizza only. I am aware that this is a privilege and this privilege may be revoked at any time with or without warning. I take full responsibility for all advances taken in my name, and should my employment end without having earned the amount of pay to cover any advances, I will make full re-payment to Chanello's for the deficient amount within 30 days after the end of my employment.

initial

**HARASSMENT**

In the event of any act of harassment (sexual or otherwise) that I deem to violate my civil rights, I agree to immediately notify the corporate officers of Chanello's Pizza, both verbally and in writing, of the incident. Should I fail to do so within three (3) days of any said incident, I forfeit my rights to any such civil claims and hold no liability against Chanello's Pizza or any of its employees, vendors, or customers. Corporate Office: 757-456-0010

initial

**DRUG SCREENING**

In the event of any work-related accident, and/or should medical attention be necessary, the below signed applicant/employee agrees to a full drug screening; and, should such results show the use of illegal substances, the below signed agrees that there will be no liabilities held against Chanello's Pizza, its franchises, their vendors, customers, or property management which the accident took place. I understand that this policy can change with or without notice and by signing I agree to any changes in Chanello's drug screening policies. In addition, the below signed forfeits their right to claim against the Chanello's Pizza's insurance or Workman's Compensation.

initial

**must be filled out**

Have you ever been convicted of a felony? (if yes, please explain)

Yes  No

initial

**DRIVER INFORMATION • must be filled out by those applying for the position of DRIVER or MANAGEMENT**

**• VEHICLE INFORMATION**

year: \_\_\_\_\_  
make / model: \_\_\_\_\_  
license plate: \_\_\_\_\_

If hired, I agree to notify Chanello's Pizza immediately of all traffic violations or accidents, whether working or not.

I agree to maintain a current and valid driver's license and insurance on my vehicle at all times. Also, to notify Chanello's Pizza of any changes to my policy. I realize failure to comply with these rules will be cause for immediate dismissal.

initial

**• DRIVER'S LICENSE**

number: \_\_\_\_\_  
state: \_\_\_\_\_ exp. \_\_\_\_\_

**• INSURANCE**

company: \_\_\_\_\_  
policy # \_\_\_\_\_

state: \_\_\_\_\_  
effctv: \_\_\_\_\_  
exp: \_\_\_\_\_

**NOTICE TO APPLICANT:**

If hired for employment by Chanello's Pizza, you will be required to completely fill out the following forms: Federal Tax Withholding W-4, U.S. Department of Justice Immigration and Naturalization Employment Eligibility Verification form I-9 (which will require two forms of legal identification; ie: driver's license, social security card, passport, birth certificate, state issued ID, etc...), and any applicable state withholding forms (in Virginia, form VA-4). In addition, Chanello's reserves the right to periodically request updated information from employees, including, but not limited to; refilling this application and any related forms mentioned herein.

signature: \_\_\_\_\_ date: \_\_\_\_\_

**PERSPECTIVE EMPLOYEE'S STATEMENT OF APPLICATION**

I certify that the statements within this application are true and complete to the best of my knowledge and understand that if employed, false statements on this application may be grounds for my dismissal. I authorize investigation of all statements contained herein. I further all listed references to release any information concerning my previous employment and any information they may have. I further understand and agree that, if hired, my employment is for no definite period of time and either I, or the company, can terminate my employment at any time, with or without cause, with or without notice.

signature: \_\_\_\_\_ date: \_\_\_\_\_