



Application for Employment

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	SOCIAL #:																								
ADDRESS:	CITY:	STATE:	ZIP CODE:																								
HOME PHONE #:	WORK PHONE #:	DATE OF BIRTH:	TAX FILING STATUS: SINGLE DEPENDENTS MARRIED 0 1 2 3 4 5																								
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MINOR TRAFFIC OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____ _____ _____																											
POSITION DESIRED: (CHECK ONE OR TWO) <input type="checkbox"/> COOK <input type="checkbox"/> DRIVER <input type="checkbox"/> PHONE PERSON <input type="checkbox"/> DISHWASHER																											
ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME																											
TOTAL HOURS AVAILABLE: <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>DAY</th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THUR</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TO:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				DAY	MON	TUES	WED	THUR	FRI	SAT	SUN	FROM:								TO:							
DAY	MON	TUES	WED	THUR	FRI	SAT	SUN																				
FROM:																											
TO:																											
LOCATION DESIRED: <input type="checkbox"/> CLARIDON <input type="checkbox"/> AUSTINBURG <input type="checkbox"/> LEROY <input type="checkbox"/> WILLOUGHBY <input type="checkbox"/> ORWELL																											
FOR PIZZA DRIVERS ONLY																											
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVERS LICENSE NUMBER: _____																											
HAVE YOU HAD ANY TRAFFIC VIOLATIONS OR CONVICTIONS IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____ _____ _____																											
NAME OF INSURANCE COMPANY: _____ POLICY EXPIRATION DATE: _____																											
FOR COMPANY USE ONLY DATE MVR REQUESTED: _____ REQUESTED BY: _____ AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO																											



Application for Employment - Page 2

PLEASE LIST YOUR LAST TWO EMPLOYERS BEGINNING WITH THE MOST RECENT.

NAME OF EMPLOYER:		TYPE OF BUSINESS:
PHONE #:	SUPERVISOR'S NAME:	POSITION HELD:
EMPLOYED FROM _____ TO _____		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
LAST POSITION HELD:		
REASON FOR LEAVING? _____ _____		

NAME OF EMPLOYER:		TYPE OF BUSINESS:
PHONE #:	SUPERVISOR'S NAME:	POSITION HELD:
EMPLOYED FROM _____ TO _____		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
LAST POSITION HELD:		
REASON FOR LEAVING? _____ _____		

PLEASE GIVE THE NAMES OF TWO PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.
(PLEASE DO NOT INCLUDE RELATIVES.)

NAME:	YEARS ACQUAINTED:
COMPANY / POSITION:	PHONE #:
NAME:	YEARS ACQUAINTED:
COMPANY / POSITION:	PHONE #:

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO AUTHORIZE ANY AND ALL INQUIRIES AS TO MY EMPLOYMENT HISTORY AND PERSONAL CHARACTER. I UNDERSTAND THAT CAPPS IS AN EQUAL OPPORTUNITY EMPLOYER AND THAT NO PREJUDICE, WITH REGARD TO RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, OR DISABILITY, WILL BE PERPETRATED IN THE CONSIDERATION OF MY APPLICATION.

SIGNATURE: _____ DATE: _____

Please fill out this application in its entirety, sign, date, and:

1. Take it to the Capps Location you wish to work at, or
2. Fax it to the Capps Location you wish to work at.

Capps Claridon Fax #: 440-286-2584
 Capps Austinburg Fax #: 440-275-3011
 Capps Leroy Fax #: 440-254-4783

Capps Orwell Fax #: 440-437-1062
 Capps Willoughby Fax #: 440-585-0653