



Employment Application

We appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. Resumes will be accepted as additional information but not in place of the completed application.

The Original Fried Pie Shop is an equal opportunity employer. It is our policy to abide by all Federal, State and local laws which prohibit discrimination against qualified applicants on account of race, color, creed, national origin, religion, age, sex, marital status, disability, sexual orientation, or any other protected classification prohibited by Federal State or local law, if otherwise qualified.

Personal Information

Full Name	Social Security # _____ - _____ - _____	Driver License Number & State
Address	City	State Zip
Home Phone	Business Phone	Cell Phone
Email Address		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a citizen, are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	
Have you ever been convicted of a felony, pled guilty or no contest to a felony, been placed on probation for a felony offense or received deferred adjudication. ? (Conviction will not necessarily disqualify an applicant for employment). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give dates and details:		
Do you now have Hepatitis A, Salmonella, Typhus, TB or any other illness that can be spread by serving or preparing food? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Desired Position	Date Available to Start	Salary Requirements
Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Have you ever worked for this company? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any reason you cannot perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

High School/ G.E.D.	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Graduated
Name of College / Technical / Vocational	College Location	Type of Diploma/ Major
	Date Graduated	Graduated?
Certifications, Licenses (Types and Dates received)		
Summarize your special skills, knowledge or qualifications that is related to the job for which you are applying		

Employment History

Employer	Position Held	Dates Employed (From/To)
Supervisor	Supervisor Title	Business Phone
Company Address		
Starting Salary and Title	Ending Salary and Title	
Describe Duties and Responsibilities		
Reason for Leaving		
Employer	Position Held	Dates Employed (From/To)
Supervisor	Supervisor Title	Business Phone
Company Address		
Starting Salary and Title	Ending Salary and Title	
Describe Duties and Responsibilities		
Reason for Leaving		
Employer	Position Held	Dates Employed (From/To)

