

# Killer PFM, Inc

Mailing Address: 404 S. Coast Hwy., Oceanside, CA 92054

Print this Application, Fill out and Return to Killer PFM. Inc. Oceanside

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## APPLICATION FOR EMPLOYMENT

THANK YOU for your interest in Killer Pizza From Mars, Inc.

The following information will assist us in processing your application in a timely manner.

Make sure your application is absolutely complete!

A.) WE NEED EVERY BLOCK OF INFORMATION COMPLETED IN FULL.

If you do not believe the information requested applies to you put non-applicable or N/A.

B.) Phone numbers must include area code. Addresses must include street, city, state & zip.

C.) Dates of employment must show month and year. If you were unemployed you must provide proof of un-employment compensation or a signed statement that you were unemployed (except: housewife).

D.) Three years of verified work history is requested.

H.) Random Drug and Alcohol screening is mandatory.

If you have any questions about filling out this application, please don't hesitate to ask. Getting it right the first time will help get your application processed faster and possibly get you working sooner.

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## APPLICATION FOR EMPLOYMENT

Applicant: Read and sign complete application before submitting,

Do not leave any blank spaces. If it does not apply, indicate as such.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age,

I understand that the information in this form will be used for employment consideration, and that prior employers will be contacted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

-----  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State and Zip)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State and Zip)

FOR PAST \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
THREE YEARS (Street) (City) (State and Zip)

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Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
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### EDUCATION

Circle the highest grade completed; 1 2 3 4 5 6 7 8 9 High School: 1 2 3 College; 1 2 3 4 University: 1 2 3 4 5

Last School attended: \_\_\_\_\_  
(Name) (Address)

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Are you legally eligible for employment in the U.S.? Yes  No  Position Applied for: Temp. or Permanent: \_\_\_\_\_

Have you worked for this company before? Yes  No  If Yes, Where: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Names of Relatives in our employ: \_\_\_\_\_ Your Current Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Who referred you: \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been known by another name other than the one on this application: Yes  No  If yes, What name: \_\_\_\_\_

Are you willing to be photographed for ID badges if necessary? Yes  No

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**List three personal references: (Do not include relatives or former employers)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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## MILITARY EXPERIENCE

Branch: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Rank: \_\_\_\_\_

Reserves: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Enlisted/Discharged: \_\_\_\_\_ Rank: \_\_\_\_\_

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company: \_\_\_\_\_

Have you ever been **CONVICTED** of a felony/serious misdemeanor?

If Yes, explain: \_\_\_\_\_

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## TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty and may result in termination.

It is further agreed and understood that Killer PFM, Inc, and/or its agents or assigns, may investigate the applicant's background to ascertain any and all information concerning applicant's record, whether same is of record or not. Applicant hereby releases Killer PFM, Inc. and/or it's agents or assigns and any other persons named herein from all liability for any damages which may arise from applicant furnishing such information.

It is further agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508 I am hereby informed and do acknowledge my consent and understanding that this investigation may include information regarding my character, general reputation, personal characteristics and mode of living.

It is further agreed and understood that this application for employment, in no way obligates Killer PFM, Inc to employ me; and it is also understood even if accepted, I may begin on a probationary period during which I may be terminated without recourse.

This certifies that this application was completed by me, and that all entries on it and information included herein are and complete to the best of my knowledge and that I understand the above and agree to its terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## ESSENTIAL JOB FUNCTIONS

All applicants and active re-examinations, for all positions whether full-time or part-time, must complete the following questionnaire. This questionnaire is a part of the application and describes the job functions associated with the position and/or the expectations of you by the employer.

If you have any questions, do not hesitate to inquire about them to the interviewer.

1. Can you bend, kneel and/or squat for extended periods of time? \_\_\_\_\_
2. Can you work in and around food stuff and/or chemicals without respiratory problems? \_\_\_\_\_
3. Can you climb up and down ladders, stairs, walk-ways or other devices without assistance? \_\_\_\_\_
4. Can you manually lift a weight equal to 50 pounds from the ground level to a waist high position without assistance? \_\_\_\_\_
5. Can you stack or un-stack pots, pans or other items above your head without assistance? \_\_\_\_\_
6. Can you work in and around food stuff and/or chemicals without allergic reactions? \_\_\_\_\_
7. Do you understand and agree to wash hands, as needed/when needed, without being reminded? \_\_\_\_\_
8. Do you understand and agree to use a hair net, food service gloves, or other suitable protection, as needed/when needed, without being reminded? \_\_\_\_\_
9. Do you agree and understand that alcohol served to minors is a crime and will be punished to the full extent of the law? \_\_\_\_\_
10. Have you ever been disciplined or released from employment for alcohol related infractions? \_\_\_\_\_

I acknowledge that I have read this questionnaire and I have answered them all truthfully. (If 1-9 are no or 10 is yes I will explain separately on reverse or separate sheet of paper.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I understand and hereby acknowledge that information I provide regarding current and/or previous employers may be used, and those employers will be contacted.

I understand that prior to being offered employment, I may be required to take an employment examination, in the event that I have a disability that will affect my ability to perform the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regardless of the need for accommodation.

I understand and agree that, if hired, my employment is "at will". Employees shall retain the right to leave employment as they choose and Killer PFM, Inc retains the right at all times to terminate any employee for any, or no reason, with or without notice. I certify, by my signature below, that the facts contained in this application are true and complete to the best of my knowledge and I also understand that, if employed, falsified statements on this application may result in termination.

I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all previous employers, unless specifically excepted herein, to provide Killer PFM, Inc with any and all applicable information they may have. I also hereby release these references and former employers from all liability for any information they may give to the killer PFM, Inc. and agree to hold them harmless of any grievance I may experience.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

Remarks: \_\_\_\_\_

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: Yes No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

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## WORK HISTORY FOR PAST 3 YEARS

Begin with your present or most recent job and work backwards in order, listing all your employers for the past 3 years including all full time and part-time employment. All time must be accounted for including military service, self employment and periods of unemployment. Use supplemental sheet if necessary, \*Any gaps in employment and/or unemployment must be explained.

Current Employer: Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you presently employed? Yes  No  May we call your employer? Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (State/Zip)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(Month/Year) (Month/Year)

Why do you want to change employers? \_\_\_\_\_

Account for periods between jobs: (include month/year and reason) \_\_\_\_\_

Second Last Employer: Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you presently employed? Yes  No  May we call your employer? Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (State/Zip)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(Month/Year) (Month/Year)

Why do you want to change employers? \_\_\_\_\_

Account for periods between jobs: (include month/year and reason) \_\_\_\_\_

Third Last Employer: Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you presently employed? Yes  No  May we call your employer? Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (State/Zip)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(Month/Year) (Month/Year)

Why do you want to change employers? \_\_\_\_\_

Account for periods between jobs: (include month/year and reason) \_\_\_\_\_

\*(If more space is needed for past employers please include a separate sheet of paper)