



La Pita

Employment Application

Applicant Information

Full Name: _____ Drivers License # _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date of birth: / / Social Security No.: - - Expected Pay: \$

Desired Position: _____ Part Time YES NO Full Time YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you married? YES NO Number of dependents? _____

Do you have Health Insurance? YES NO How will you get to work? _____

How where you referred to La Pita? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Who may we contact in case of emergency

Full Name: _____ Relationship: _____

Address: _____ Phone: ()

Full Name: _____ Relationship: _____

Address: _____ Phone: ()

Full Name: _____ Relationship: _____

Address: _____ Phone: ()

La Pita

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. You hereby authorized to make any investigation of my personal history and financial credit record through my investigative or credit agencies or bureaus of your choice

Signature: _____ Date: _____

Please fax your application to:
(313) 563-8056

Or submit to us at
22681 Newman St.
Dearborn, MI 48124
(313) 563-PITA (7482)