

Application for Crystal Ristorante'
72 Lyon Street
Amsterdam, NY 12010

NAME

First: Middle: Last

Social Security # : _____

ADDRESS

Street: City: State Zip:

How Long? ____Yrs ____Mos Phone# : () _____

Emergency Contact Name: Phone: _____
() _____

Are you legally allowed to work in the U.S.? ____Yes ____No
Are you 18 years or older ____Yes ____No
How did you hear about the job?

____Newspaper Advertisement ____Employee Referral ____Other Source
____Former Employee ____Store Flyer
____Internet -- crystalrist.com ____Unsolicited/Walk-in

WHAT JOB DO YOU WANT?

Position applying for? _____
Date you can start? _____
Type of position desired: ____Part time ____Full Time ____Temporary

WHEN CAN YOU WORK?

Are you currently employed? ____Yes ____No
Do you plan to keep working there if you work for Crystal Ristorante'? ____Yes ____No

Availability	Sun	M	T	W	Th	F	Sat
From							
To							

EDUCATION

High School (last attended) _____
Location _____
Did you graduate? ____Yes ____No
if no, did you earn a GED ____Yes ____No
College (last attended) _____
Location _____
Did you graduate? ____Yes ____No Degree _____
Are you in school now? ____Yes ____No

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WHERE HAVE YOU WORKED BEFORE?

Please list all previous employers, starting with the most recent.

Employer:	Phone:
Address	
Responsibilities:	
Supervisor	
Pay Rate:	Start: End:
Employment:	From: To:
Reason for leaving:	

Employer:	Phone:
Address	
Responsibilities:	
Supervisor	
Pay Rate:	Start: End:
Employment:	From: To:
Reason for leaving:	

Employer:	Phone:
Address	
Responsibilities:	
Supervisor	
Pay Rate:	Start: End:
Employment:	From: To:
Reason for leaving:	

DELIVERY DRIVER REQUIREMENTS

Individuals must have a valid driver's license from the state of their primary residence. License must be in good standing (i.e. not suspended, revoked or restricted).

Individuals must show proof of and maintain auto liability insurance.

A vehical safety inspection at the time of hire and periodically thereafter.

State of residence is: _____ How Long? ___ Yrs ___ Mos

Current driver's license number and state is: _____

You have held a valid driver's license since: _____

The expiration date on your current driver's license is: _____

Is your driver's license subject to any restrictions that would impair your ability to drive for Crystal Ristorante? _____

___ Yes ___ No If yes, please explain: _____

SIGNATURE

I certify the facts contained in this application are true and complete. I understand that, if employed, false statements or omissions on this application are grounds for dismissal. I understand and agree that, if hired, my employment is for no definite period of time and either I or the company can terminate employment at any time, with or without cause and with or without notice. This "at-will" employment relationship exists regardless of any other statements and/or policies to the contrary. My signature below indicates that I understand and agree that this "at-will" employment relationship may not be modified or amended unless in writing by a document that is signed by an authorized representative of my employer. Any other attempted form of modification is null and void, whether oral, written, expressed or implied. I give my authorization to verify all information provided in this application.

Signature _____

Date _____