

Application for Employment

vily are you seeking a new jot	o at this time?			
Personal Information				
Jame:	-			
First	Middle	Last		
inter Nickname(s) Used				
Inter Any Other Names Used	(including maiden names):			
irst Name	Middle Name	iddle Name Last Name iddle Name Last Name Last Name		
irst Name	Middle Name	Las	st Name	
irst Name	Middle Name	Las	st Name	
Address:				
Number & street	Apt City	State	Zip	
hone ()	Email addre	ess:		
hired, do you have a reliable	means of transportation to get to w	ork?		
re you at least 19 years old?	If you are under 19 years	y/n of age what is v	our date of hirth?	/
ne you at least 19 years old.	y/n	or age, what is y	mm.	dd. yyyy
are you legally eligible for em	ployment in the U.S.?			3333
	y/n ; Part time Permanen	t Tempor	ary employment	
re you seeking: Full time.		·		
	or work?	Are you wi	lling to work overtime? _	
Days/hours/shift(s) available for	or work?able for work??			y/n
Oays/hours/shift(s) available fo		_ Weekends?	?Holidays?	y/n

Have you ever been discharged or	asked to resign fro	om any positior	a? If yes, please do	escribe:	
Are you able to perform all the task Please describe which tasks, if any					y/n
Education & Training					
Do you have a Certified Food Safe Do you have a valid Food Handler Have you previously received responses pecial skills/training (e.g.	's Card from the Jonsible vendor tra	efferson Count ining?y/n	y Department of H	ealth?y/n	
List names and locations of all high	n schools, colleges	s and trade scho	ools attended with	dates and degrees:	
Name:	Location (City &	State)	Courses of Stu	ndy Dates	Degrees
Work History (begin with	current/most	recent)			
Company		City/State		Dates:	_
Job Title:	Salary:	Beginning	Ending		
Supervisor: Name Describe duties:	Title				
Specific reason for leaving:					
Company		City/State		Dates:	
Job Title:	Salary:		Ending		
Supervisor:Name Describe duties:	Title				

Specific reason for leaving:					
Company		City/State		Dates:	
Job Title:	Salary:	D	Ending	-	
Supervisor:Name		Beginning	Ending		
Name Describe duties:	Title				
Company		City/State		Dates:	
Job Title:			Ending	_	
Supervisor:Name		Beginning	Ending		
Name Describe duties:					
Specific reason for leaving:					
May we contact the employe	ers listed above?	If not, list	the employers yo	u do not wish us to contact and why	y:
References List three personal reference	s and state your relations	ship to each ref	erence.		
Names	Phone Numbers	Emai	il Addresses	Relationship to you	
	_				
Additional Informatio	n you wish to provi	de:			

Authorizations, Agreement & Signature

Signature

By submitting this application, I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date.

I authorize Troup's Pizza LLC to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize Troup's Pizza LLC to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employ-
ment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my em-
ployment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any
reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status
and such a change can only be done in writing. I have read, understand, and agree to the above.

Date

You may email completed job applications to: jobs@troupspizza.com

Or you can come by in person and drop off completed applications any time Tuesday – Friday from 11:00 am to 4:00 pm.

If you have questions, call (205) 536-6860 and ask for Ashley Brazelton.