



La Pita Fresh

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 Fresh

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) 831-4565

Or submit to us at
5056 Cass.
Detroit, MI 48202
(313) 831-4550