



Your Neighborhood Pasta Place!
Since 1993

Pre-Employment Questionnaire
 Equal Opportunity Employer
 www.CucinaTagliani.com

Date: _____

Last Name		First Name		Social Security No.		
Present Address				City	State	Zip
Permanent Address				City	State	Zip
Home Phone		Cell Phone		Email		Referred By

Preferred Position:	Date You Can Start	Salary Desired
Are You Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, May We Inquire of Your Last Employer?	Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever applied to or worked for this Company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?

Education

Name and Location of School	Years Attended	Year Graduated	Subjects Studied
High School			
College			
Trade or Business School			

Schedule Availability - Write in the words "School", "Other Job", "Sports", "Church" etc., or any obligations that would make you unavailable for that shift on a weekly basis.

Write the word "Open" in every shift you can work.

Your availability is a major factor in our decision to hire you.

This Schedule Availability should remain effective for at least the next six months

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Lunch (10:15 - 4:00)							
Dinner (4:00 - 10:00)							

Former Employers - List Below Four Employers, Starting with Last Job First

Date Mo. & Year	Name & Address of Employer	Salary	Position	Contact Person	Phone	Reason for Leaving
From						
To						
From						
To						
From						
To						
From						
To						

Authorization

I certify that the facts contained in this application are true and accurate, and understand that, false statements, misrepresentations of facts or material omissions may be sufficient to disqualify me for employment, or if employed; falsified information on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

If employed, I understand that I will be required to provide proof of identity and legal work authorization

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____ Signature _____

APPLICANT - Do Not Write Below this Line

For Managers Only :

These questions must be asked and answered to consider for employment

Any Vacations already planned of more than 3 days for the next 6 months?
We ask that NO Request of more than 3 days be submitted between 2/14 and 5/20 (Valentines Day and Mothers Day). Or during the 2 weeks of the Christmas/New Years Holidays. Can you commit to that?
All Emp. must commit to work a min. 3 shifts or 18-20 Hrs/Wk is that possible?
We expect you to be available to work: New Years Eve, New Years Day, Valentines Day, Father's Day. Mother's Day. Labor Day, Memorial Day, Halloween.
Any After-School Activities or Second Jobs that affect your availability for the next 6 months?
Can work all 3 wkend days? Including SUNDAYS YES NO (Employees MUST work a min. of 2 Sunday shifts during a month)

Interview One by _____

Interview Two by _____

Hire Date _____ Start Date _____