

Application

118 Spring Street					
Charleston WV 2 304-345-2525		DATE:			
www.giovannispizzaria.com			ł	Fulltime	Part
				Driver	
Name:		SSN #			
Street Address/City/St	ate/Zip				
Phone:				Yes	_ No
Date of Birth:	_Are you le	gally entitled to work	x in the U.S	?Yes	No
Have you worked at a	-				
1. Employer: Position/Duties: Immediate Supervisor:_ Dates- From:		Phone: Starting Pay:	Can Endir	we contact? _ ng Pay:	
2. Employer:		Address:			
2. Employer: Position/Duties:		Phone:	Can y	we contact? _	
Immediate Supervisor:_		Starting Pay:	Endir	ng Pay:	
Dates- From:	To:	Reason for Lea	aving:		
Have you ever been convic If Yes provide date of conv	. –		-		
LIST SPECIAL SKILLS/I	EDUCATION	/TRAINING:			
PERSONAL REFERENC	ES (not relativ	es or former employers)			
1. Name:	Relatio	onship:	Phone:		
2. Name:		onship:			

DELIVERY DRIVERS ONLY:

If you are employed as a delivery driver by Giovanni's Pizza LLC, you are required to maintain personal auto liability insurance at the mandatory West Virginia state liability limits. **YOU SHALL also be solely responsible for maintaining at your cost**, such comprehensive and auto collision coverage as you deem necessary to cover your vehicle. **Giovanni's Pizza LLC is not responsible for**, and you assume all risk of, any loss, theft, vandalism, or property damage to your vehicle and contents while being used in connection with your employment with Giovanni's pizza LLC. **You will be required to provide a valid copy of your insurance policy or declaration page and proof of payment of due premium when you are hired and again upon each renewa**l. We reserve the right, and you authorize Giovanni's Pizza to contact your insurance agent and/or carrier either verbally or in writing, or both, to confirm the type and amount of your coverages and the date through which premiums have been paid. In addition your Motor Vehicle Report will be checked, at the time of application and periodically thereafter, to verify your driving eligibility, and this serves as our authorization to do so.

INSURANCE COMPANY NAME:			
Driver's License Number:	State:	Date Issued:	Expires:

Have you ever been convicted of a crime involving a motor vehicle, including vehicular homicide or assault? _____ Yes _____ No.

In the last 3 Years, have you ever received a violation for DUI or open container/chemical test failure/possession of a controlled substance? _____ Yes _____ No. If YES, EXPLAIN:_____

Has your driver's license ever been suspended or revoked? ? _	Yes No).
If YES, EXPLAIN:		

VEHICLES WHICH WILL BE USED ON THE JOB:

1. Make:	Model:	Year:	License#:	State:
2. Make:	Model:	Year:	License#:	State:

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZE GIOVANNI'S PIZZA LLC TO INVESTIGATE ALL STATEMENTS MADE FROM ALL PRIOR EMPLOYERS, REFERENCES AND LAW ENFORCEMENT AGENCIES. I HEREBY ACKNOWLEDGE THAT I HAVE AND UNDERSTAND THE PRECEDING STATEMENT.

SIGNATURE:	DATE:	