



Job Application

Please Print All Information

Date:

Personal

Name (First)	(Last)	(Middle)
Address:		City State Zip
Home Phone:	Cell Phone:	
()	()	
E-mail address:		
Position(s) You are Applying for:		
Typing Speed (if applicable):	Business machines & Software capable of operating:	
Have you ever been employed by a Campo di Bocce LLC business in the past?	When? _____	Reason for Leaving? _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? If yes please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any family or friends currently employed at a Campo di Bocce LLC establishment		

Education

School Address	Number of Years Completed	Type of Degree	Major	Minor	Overall GPA
High					
Technical					
College/University					
College/University					
Other					
Scholastic Honors and Awards					
Extra Curricular Activities					

Employment History

List all employers and positions for the last 7 years				Begin with the most recent			
Name & Address	From	To	Immediate Supervisor	Salary	Job Title & Duties	Reason for Leaving	May we contact?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Military

Branch	Active Service Dates		Highest Rank Achieved	Reserve Status	
	From	To		Active	Inactive

Health	Do you agree to a pre-employment physical? If no please state reason. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you agree to a pre-employment substance abuse test? If no please state reason. <input type="checkbox"/> Yes <input type="checkbox"/> No

References	List three references, not relatives or former employers				
	Name	Address	City, State Zip	Phone	Yrs. Known
	1				
	2				
	3				
Do you mind if we contact the above references? If yes please state reason. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Applicant's Statement and Agreement

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release such parties from all liability for any damage that may result from furnishing such information to you.
3. I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be withdrawn, or added to by the company at any time, at the company's sole option and without any prior notice to me. I also agree to a pre-employment physical and pre-employment substance abuse test, at company expense.
4. I further acknowledge that my employment may be terminated, and any offer of employment withdrawn, with or without cause and with or without prior notice, at any time, at the option of the company or myself. Any implications to the contrary in any written material of the company shall have no force or effect on these actions.
5. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.
6. I acknowledge that I have been advised that this application will remain active for no more than 120 days from the date it was made.

Date

Signature