EMPLOYMENT APPLICATION

Join Our Team!

Fong's Pizza needs talented employees to keep the success going and growing. We offer entry-level and advanced positions in every area of restaurant and bar operation. Please fill out and email your completed application to the Des Moines location at downtowndsm@fongspizza.com or the Ankeny location at ankeny@fongspizza.com, or mail to: Fong's Pizza (Attn. Employment), 223 4th St, Des Moines, IA 50309.

Personal Information

Name

FIRST _____ LAST _____

Address

STREET ADDRESS _____ CITY _____ STATE _____

ADDRESS LINE 2 _____ ZIP CODE _____

Phone _____ Alternate Phone _____

Have you ever been convicted of a felony?

☐ YES ☐ NO

When is the best time to reach you?

☐ MORNING ☐ AFTERNOON ☐ EVENING

Are you 19 years or older?

☐ YES ☐ NO

If yes to the above, please explain (*this will not exclude you*).

_____

Desired Employment

Position Desired (check all that apply)

☐ Server ☐ Line Cook ☐ Busser ☐ Asst. Manager ☐ Bartender ☐ Expediter ☐ Prep Cook ☐ Dishwasher

Establishment Desired (check all that apply) ☐ Downtown ☐ Ankeny

Please list the hours you are available to work each week

Mon. ____ : ____ am pm to ____ : ____ am pm Tues. ____ : ____ am pm to ____ : ____ am pm Wed. ____ : ____ am pm to ____ : ____ am pm Thurs. ____ : ____ am pm to ____ : ____ am pm

Fri. ____ : ____ am pm to ____ : ____ am pm Sat. ____ : ____ am pm to ____ : ____ am pm Sun. ____ : ____ am pm to ____ : ____ am pm

Have you ever applied to this company before?

☐ YES ☐ NO

Have you ever worked for this company before?

☐ YES ☐ NO

Former Employers

List below your last three employers, starting with most recent.

Employer 1

COMPANY NAME _____ FROM ____ / ____ TO ____ / ____ STARTING PAY $ _____ ENDING PAY $ _____

STREET ADDRESS _____ SUPERVISOR _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____ JOB TITLE _____ REASON FOR LEAVING _____

Employer 2

COMPANY NAME _____ FROM ____ / ____ TO ____ / ____ STARTING PAY $ _____ ENDING PAY $ _____

STREET ADDRESS _____ SUPERVISOR _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____ JOB TITLE _____ REASON FOR LEAVING _____

Employer 3

COMPANY NAME | FROM / | TO / | STARTING PAY $ | ENDING PAY $

STREET ADDRESS | SUPERVISOR | PHONE

CITY | STATE | ZIP CODE | JOB TITLE | REASON FOR LEAVING

Education

High School

SCHOOL NAME | SCHOOL ADDRESS

NUMBER OF YEARS ATTENDED | Graduated? ☐ YES ☐ NO | CITY | STATE | ZIP CODE

College

SCHOOL NAME | SCHOOL ADDRESS

SUBJECTS | CITY | STATE | ZIP CODE

NUMBER OF YEARS ATTENDED | Graduated? ☐ YES ☐ NO

References

Reference 1

REFERENCE NAME | BUSINESS

REFERENCE ADDRESS | PHONE | YEARS KNOWN

CITY | STATE | ZIP CODE

Reference 1

REFERENCE NAME | BUSINESS

REFERENCE ADDRESS | PHONE | YEARS KNOWN

CITY | STATE | ZIP CODE

Please read and complete form below:

"By typing my name below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements 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 any 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.

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."

NAME | DATE