

Mezzaluna II

115 South Center Street, Statesville, NC 28677

(704)-872-7230

Application for Employment

Please fill out form completely for employment consideration.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle Initial	Date
Date Of Birth (MM/DD/YYYY) ___/___/_____		Social Security Number - -	
Street Address			
City, State, Zip			
Home Phone () - -	Business Phone () - -		Email Address
Are you at least 21 years of age ___Yes ___No If not, employment is subject to required age			

Education

School	Name and Location Of School	No. of Years Completed
High		
College		
Trade		

Employment History Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone () - -
	Address	Employed (Start month and year) From: To:
	Name of Supervisor Contact Number () - -	Hourly Rate Start: Ending:
	Job Title and Description	Reason for leaving

2.	Company Name	Telephone () - -
	Address	Employed (Start month and year) From: To:
	Name of Supervisor Contact Number () - -	Hourly Rate Start: Ending:
	Job Title and Description	Reason for leaving

References: Give at least three names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Years Acquainted	Contact Number
1.					
2.					
3.					

The information provided in this Application for employment is true, correct, and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____	_____
Print Name	Date
_____	_____
Signature	Date
_____	_____
Employer Signature	Date

Date of Hire (MM/DD/YYYY) ____/____/_____

Application Rejected ____Yes ____NO