

118 Spring Street Charleston WV 25302 304-345-2525

Application

DATE: _____

304-345-2525					
www.giovannispizzaria	Fu	Fulltime			
			Dr	iver	Cook
Name:		SSN#			
Street Address/City/S					-
Phone:	Cell:	Are vou	Under 18?	Yes	No
Date of Birth:	Are you legall	y entitled to work	in the U.S?	Yes	No
Have you worked at a	•	~			
•	-				
PRIOR WORK EXPI	_				
1. Employer:		Address:			
Position/Duties:		Phone:	Can we	contact? _	
Immediate Supervisor:		_ Starting Pay:	Ending	Pay:	
Dates- From:	To:	Reason for Lea	ving:		
		A 11			
2. Employer:	Address:				
Position/Duties:	Phone:		Can we	contact?_	
Immediate Supervisor:		_ Starting Pay:	Ending	Pay:	
Dates- From:	To:	Reason for Lea	ving:		
Have you ever been convi	cted of, or pleaded	guilty or no contest t	o a felony offen	ce?yes,	no
If Yes provide date of con	viction, state, and f	acts of surrounding	conviction:		
LIST SPECIAL SKILLS	/EDUCATION/TRA	AINING:			
PERSONAL REFERENCE	CES (not relatives or	former employers)			
1. Name:	Relationshi	p:	_ Phone:		
2. Name:		ip:	Phone:		

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 renewal. 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:			Policy Expires Dat	_ Policy Expires Date:		
				Expires:		
Have you ever bee assault? Yes		crime involving a n	notor vehicle, including	vehicular homicide or		
failure/possession	of a controlled su	ıbstance? Ye	for DUI or open contains No.	ner/chemical test		
•		_	ked? ? Yes			
		SED ON THE JOB				
1. Make:	Model:	Year:	License#:	State:		
2. Make:	Model:	Year:	License#:	State:		
COMPLETE ANI STATEMENTS M	D AUTHORIZE (MADE FROM AL CAGENCIES. I H	GIOVANNI'S PIZ LL PRIOR EMPLO IEREBY ACKNOV	THIS APPLICATION A ZA LLC TO INVESTION OYERS, REFERENCES WLEDGE THAT I HA	GATE ALL S AND LAW		
SIGNATURE:		DATE:				