



TEAM MEMBER APPLICATION

We like you to join our team to continue expanding Mr. Jim's Pizza. We are committed to serving or delivering pizzas just like Mr. Jim makes that cause the customers to demand more. Some of our young team members have grown to become successful franchisees.

These things are very important to us:

- Portion Control
- Honesty
- Hospitality
- Quality
- Service
- Cleanliness

We think our team learns a lot from the job:

- Technical Skills
- Customer Service Skills
- Social Skills
- Business Knowledge
- Organizing and Planning
- Responsibility

First Name	Initial	Last Name	Email	Phone
Address		City	State	Zip
Date	<input type="checkbox"/> Male <input type="checkbox"/> Female		Applications stay on file for 60 days only, after which you must reapply. This time may be extended if you are interviewed.	

AVAILABILITY

List hours available to work:

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

If offered a position with our team, how long do you expect to work here? _____

EDUCATION

High School/ College	Location	City, State	Contact person teacher/ counselor or department	Last grade completed	Grade point average	Graduated or now enrolled

BACKGROUND

Are you under 18? Yes No If Yes, can you provide proof of your age? Yes No If yes, give birth date _____

How did you hear of this position?

Do you have a reliable way to get to work? Yes No

Have you ever been disciplined for cash handling violations? Yes No

Have you ever been counseled or disciplined for being late or absent from school? Yes No

Have you ever been convicted of a felony? Yes** No

Have you ever been convicted of a crime involving dishonesty? Yes** No

Have you ever been convicted of a crime involving violence to another person? Yes** No

**If Yes, give dates charged, penalty assessed or disposition (use additional paper if needed).

WORK EXPERIENCE

Start with present or most recent employer. May we contact these employers? Yes No

Company Name	Position	Dates Employed	Ending Wage
Address	Supervisor	From	Reason for leaving
City, State	Supervisor's Phone	To	
Company Name	Position	Dates Employed	Ending Wage
Address	Supervisor	From	Reason for leaving
City, State	Supervisor's Phone	To	
Company Name	Position	Dates Employed	Ending Wage
Address	Supervisor	From	Reason for leaving
City, State	Supervisor's Phone	To	

Mr. Jim's Pizza does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or veteran status or any other criterion made unlawful under applicable federal laws. You are not required to give information responsive to inquires prohibited by law.

REFERENCES

List 3 school, business or personal references that we are permitted to contact. They should not be related to you.

Name	Phone Number	How long known	Check type of reference		
			School	Work	Personal

INSURANCE

Complete this insurance section if you want to use your personal auto to conduct company business. You must be 18 years of age to operate a motorized vehicle while working.

Driver License Number	State of issue	Expiration Date	
Insurance company	Policy Number	Expiration Date	Limits
Auto Make	Model	Year	Plate Number

LEGAL REQUIREMENTS

The Immigration and Control Act of 1986 requires that we have an I-9 on file for each employee. Some documents you can use to prove citizenship are listed here. Further information and the form can be found at <http://www.immigration.gov/graphics/formsfee/forms/files/i-9.pdf>.

Any one of:	{	___ Current U.S. Passport; ___ Certificate of Citizenship; ___ Certificate of Naturalization; ___ Current Foreign Passport with valid Work Visa; or ___ "Green Card" with Photo.	OR	One of:	{	___ Social Security Card (No photo) ___ U.S. Birth Certificate (No photo)
				AND		
				One of:	{	___ Driver's License (with photo) ___ State ID Card (with photo)

YOU MUST READ AND SIGN THE FOLLOWING CONDITIONS AND CERTIFICATIONS

In consideration of my employment, I agree to conform to the rules and regulations of Mr. Jim's Pizza and I understand that my employment by Mr. Jim's Pizza may be terminated at any time by me or Mr. Jim's Pizza, with or without notice, for any reason. I agree to random drug tests at any time for any reason. I understand that failing the drug test or refusal to take it is grounds for termination.

Signature of Applicant _____ Date _____

Form **W-4**
Department of the Treasury
Internal Revenue Service

Do not fill out W-4 until after you are hired. Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2012

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7		

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(This form is not valid unless you sign it.)

Date

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2012)

APPLICANT DO NOT FILL IN ITEMS BELOW THIS LINE

Social security #	Employee number
Date Interviewed	Start Date
Interviewed by	Wage

- | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Vehicle Inspection done | <input type="checkbox"/> | Saw vehicle registration | <input type="checkbox"/> |
| Copy of driver's license on file | <input type="checkbox"/> | Complete I-9 on file | <input type="checkbox"/> |
| Copy of insurance proof on file | <input type="checkbox"/> | References checked | <input type="checkbox"/> |