



P.O. Box 2806
Wilsonville, OR 97070
(503)682-3853

Dear Applicant:

Bellagios Pizza is looking for well groomed, people oriented applicants with strong work ethics. You must be able to multi-task. For a more detailed job description go to Bellagiospizza.com, about us, employment opportunities. If you are serious about a position with Bellagios Pizza, please do the following:

- A. Submit a cover letter including the following information: Your name, address, Bellagios Pizza location to which you are applying, contact phone number and E-mail address. Write a short narrative as to why you would like a position with Bellagios Pizza and why, out of all the people we interview, you should be hired over all others.
- B. On a second page, please answer the following questions. (No handwritten responses).
1. On a scale of 1-10, how would you rate your energy level? (1 being the lowest)
 2. What is the most useful criticism you have ever received?
 3. What are your greatest strengths? Weaknesses?
 4. How do others describe you?
 5. Of all the people you have worked for, who did you enjoy working for the most and why? Who the least and why? (If this is your first job, describe two teachers.)
 6. Do you like people? Why or why not?
 7. What motivates you to "go the extra mile"?
 8. List at least two qualities of the type of supervisor with whom you prefer to work.
- C. Complete an application which can be printed from our website.

Please submit this paperwork via fax (503)685-7315 or drop it off at store to which you are applying. As soon as this paperwork is received, it will be reviewed and if appropriate, an interview will be scheduled with you. Please, only serious applicants please. **ALL FINAL CANDIDATES WILL BE DRUG TESTED PRIOR TO BEING HIRED AND ARE SUBJECT TO OUR COMPANY DRUG TESTING POLICY AS EMPLOYEES.**

Regards,

Julie Collins, President
Bellagios Pizza



Pre-Employment Questionnaire
Equal Opportunity Employer

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)	SOCIAL SECURITY NO: - - -		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO: ()	REFERRED BY:		

ARE YOU 16 OR OLDER? [] YES [] NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? [] YES [] NO

EMPLOYMENT DESIRED

POSITION (CIRCLE ONE) INSIDE COOK/ DELIVERY DRIVER	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? [] YES [] NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? [] YES [] NO	
EVER APPLIED TO THIS COMPANY BEFORE? [] YES [] NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
US MILITARY SERVICE	RANK

AVAILABILITY

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
TO							

REFERENCES

BELOW GIVE THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

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Employment Application Page 2

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

AUTHORIZATION:

"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 dismissal. 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 understand that Bellagios Pizza is a 'Drug-Free' Environment and that I may be subject to random, with-cause and post-accident drug testing.

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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that employment is 'At Will', and employment may be terminated for any cause at any time."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

NEATNESS	CHARACTER	
PERSONALITY	ABILITY	
HIRE DATE	POSITION	SALARY /WAGES

APPROVED : _____
GENERAL MANAGER