

JOB APPLICATION

**Picciocchi's Pasta, LLC.
100 Old Lackawanna Trail – Summit Square #6
Clarks Summit, PA 18411**

Picciocchi's Pasta is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

***Telephone Number and
best time to contact you::*** _____

Email Address: _____

Social Security Number _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

On what date can you start working if you are hired? _____

What is your desired salary range? _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? _____

Yes No

What document can you provide as proof of citizenship or legal status?

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
| | | | |

College/University

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
| | | | |

Vocational School/Specialized Training

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
| | | | |

Availability:

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

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Applicant Signature: _____ Dated: _____