



591-A Edgewood Ave • Atlanta GA 30312

edgewood@ammazza.com

Last Name	First Name	Middle Initial	Date
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Street	Apt #	City	State	ZIP Code
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Day Phone	Evening Phone	Social Security Number	Expected Pay Rate
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Do you have reliable transportation to and from work during our hours of operation? ☐ Yes ☐ No

Are you applying for a full- or part-time position? ☐ Full ☐ Part

Which type of position are you interested in? ☐ Kitchen Staff ☐ Bar Staff ☐ Customer Service / Counter

Minimum number of hours you would like to work per week: _____

Maximum number of hours you would like to work per week: _____

If hired, can you submit documents to prove your legal right to work in the U.S.? ☐ Yes ☐ No

We do not permit smoking in operating areas. Are you willing to comply? ☐ Yes ☐ No

We do not tolerate drug use before or during work. Are you willing to comply? ☐ Yes ☐ No

Up to 50 lbs. of lifting several times a day is an essential function of kitchen positions.
Are you willing and able to comply with this requirement? ☐ Yes ☐ No

Being on your feet for up to 9 hours at a time is a requirement for all positions. Are you
willing and able to comply with this requirement? ☐ Yes ☐ No

Have you ever applied for a position at Ammazza before? ☐ Yes ☐ No

How many jobs have you had in the past year? _____ Past two years? _____

What were the circumstances for leaving each job?

What is the minimum amount you need to earn? \$ _____ / week \$ _____ / month

We may train on days when you have other obligations. Are you willing to reschedule
your plans to attend training? ☐ Yes ☐ No

Have you ever:

Pleaded no contest to a criminal charge? ☐ Yes ☐ No

Pleaded guilty to a criminal charge? ☐ Yes ☐ No

Been indicted by a grand jury? ☐ Yes ☐ No

Been placed on probation with respect to a criminal charge? ☐ Yes ☐ No

Been convicted of a felony? ☐ Yes ☐ No

If you answered "yes" to any of the above, give charge, location, date and circumstance:

What commitments do you have or anticipate that may affect your schedule?

Are you willing to work flexible hours, including weekends and holidays? ☐ Yes ☐ No

Please indicate any days or hours that you are unavailable:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Not Available							

If hired, what notice do you need to give your current employer?

If hired, when would you be able to start?

If hired, how long would you plan to be employed with us?

Do you have any specialized training that relates to a potential job at Ammazza? ☐ Yes ☐ No

If yes, please describe below:

Work History

	Current or most recent employer	Previous employer	Previous employer
Name of employer			
Address			
Phone number			
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managers name			
Dates of employment			
Job title			
Description of duties			
Hourly pay rate			
Number of hours worked per week			
Reason for leaving			

Emergency Contact

Please list the person we should contact in an emergency.

Name: _____ Phone: _____

If employed, I hereby agree to abide by all policies and rules of Ammazza, including those addressing job-related appearance and grooming standards. I understand that these policies and rules may be amended or revised by Ammazza at any time and that nothing in this application creates, or will create, an express or implied contract of employment between Ammazza and me. I understand that false misleading or omitted information in my application, resume or interview(s) may result in discharge.

Signature: _____ Date: _____