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MARIO'S PIZZERIA LIMITED APPLICATION FOR EMPLOYMENT

THIS FORM MUST BE COMPLETED  IN CAPITAL BLOCK LETTERS.

First Name: _____

Middle Name: _____

Surname: _____

Address: _____

E-mail address: _____

Tel. No.: Home#: _____ Cell#: _____ or _____

Height: _____ Weight: _____ Colour of Hair: _____ Colour of Eyes: _____

Date of Birth: _____ Age: _____ years

Religion: _____ Gender: Male: () Female: ()

Marital Status: Single () Married () Widowed () Divorced () Common Law ()

Do you have children? Yes () No () How many: _____ What are their ages: _____

Are you a citizen of Trinidad and Tobago: Yes () No () Nationality: _____

Are you a Non National: Yes () No () Country of Birth: _____

If you are a non-national do you have a work permit or CSME certificate? Yes () No ()

B.I.R#: _____ N.I.S#: _____ I.D.#: _____

- What position are you applying for:
- Customer Service Team Member.....
 - Dough Specialist.....
 - Sandwich Specialist.....
 - Delivery Rider Team Member.....
 - Contract Driver.....
 - Warehouse Attendant.....
 - Heavy T Driver.....
 - Trainee Supervisor.....
 - Trainee Assistant Branch Manager.....
 - Trainee Branch Manager.....
 - Other.....

Specify: _____

Are you applying for *Full Time Employment*? Yes () No ()
 Are you applying for *Part Time Employment*? Yes () No ()
 Are you applying for *Weekends Only*? Yes () No ()

Are you presently employed? Yes () No ()

If yes, where: _____

Do you have any physical disabilities? Yes () No ()
 Are you presently pregnant? Yes () No ()
 Are you suffering from medical disorders e.g. Asthma, Diabetes etc. Yes () No ()

If yes, Specify: _____

Do you hold a valid drivers license? Yes () No () Class (1) (3) (4) (5)
 Do you hold a valid motor cycle license? Yes () No () Permit No: _____
 Do you possess a valid food badge? Yes () No () Expiry Date: _____
 Do you possess a Certificate of Good Character? Yes () No ()
 Do you have any family members working in the company? Yes () No ()
 Do you have any problems handling all types of meat? Yes () No ()

ARE YOU PREPARED

To produce a medical certificate of fitness: Yes () No ()
 To work both Carnival days: Yes () No ()
 To work shifts including Sundays and Public Holidays: Yes () No ()

DETAILS OF EDUCATION

| LEVEL | PERIOD | SCHOOL | ACHIEVEMENT |
|-----------|--------|--------|-------------|
| PRIMARY | _____ | _____ | _____ |
| SECONDARY | _____ | _____ | _____ |
| TERTIARY | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |
| OTHE | _____ | _____ | _____ |

HISTORY OF EMPLOYMENT

| FROM | TO | COMPANY | POSITION | SALARY | REASON FOR LEAVING |
|------------|------------|---------|----------|--------|--------------------|
| Month/Year | Month/Year | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

CHARACTER REFERENCE
(NO FAMILY MEMBERS)

YOU ARE REQUIRED TO PROVIDE TWO (2) REFERENCES AND ALL REQUIRED INFORMATION MUST BE PROVIDED

CHARACTER REFERENCE 1

First Name: _____ Surname: _____

Home Address: _____

Place of Work: _____

Work Address: _____

Position: _____

Tel. No.: Home#: _____ Cell#: _____ Work#: _____

How long have you known this character reference? _____ years

CHARACTER REFERENCE 2

First Name: _____ Surname: _____

Home Address: _____

Place of work: _____

Work Address: _____

Position: _____

Tel. No.: Home#: _____ Cell#: _____ Work#: _____

How long have you known this character reference? _____ years

APPLICANTS DECLARATION

I HEREBY DECLARE THAT THE INFORMATION DECLARED IS TRUE AND FREE FROM DISCREPANCIES AND FALSIFICATION.

THIS APPLICATION WILL BE DISREGARDED OR CONSIDERED NULL OR VOID IF THERE IS ANY INFORMATION IN THIS DECLARATION WHICH IS FALSE.

Signature of applicant: _____

Date: day ____ / month ____ / year ____

FOR OFFICIAL USE ONLY

Interviewed by: _____ Position: _____

Date interviewed: day ____/month ____/year _____

Acceptable: Yes () No ()

Confirmed in position: Yes () No ()

Date of employment: day ____/month ____/year _____

Restaurant: _____ Location: _____

Position: _____

Starting Salary: _____

Six (6) months probation period

Part time contract of employment

Other Specify: _____

ASSESSMENT OF APPLICANT

CRITERIA

RATING

Attitude: (4)Excellent (3)Very Good (2)Good (1)Fair

Appearance: (4)Excellent (3)Very Good (2)Good (1)Fair

Intelligence: (4)Excellent (3)Very Good (2)Good (1)Fair

Personality: (4)Excellent (3)Very Good (2)Good (1)Fair

Overall assessment of applicant: (4)Excellent (3)Very Good (2)Good (1)Fair

SUITABILITY RATING: /20

(Excellent = 4, Very Good =3, Good=2, Fair=1)

1-5 Fair candidate for the job

6-10 Good candidate for the job

11-15 Very Good candidate for the job

16-20 Excellent candidate for the job

COMMENTS: _____

