QUESTION WILL BE EVALUATED ONLY ON ITS **Employment Application** RELEVANCE TO THE POSITION YOU ARE SEEKING GEORGIA 7 PIE MANAGEMENT, LLC 5/2024 APPLICANTS WITH DISABILITIES MAY BE ENTITLED Date of Application TO REASONABLE ACCOMMODATION. PLEASE INFORM 7 PIE PERSONNEL REPRESENTATIVE IF YOU NEED ANY ASSISTANCE PARTICIPATING IN THE APPLICATION PROCESS. Personal Information - COMPLETE IN BLUE OR BLACK INK ONLY Name (Last) (First) Social Security No. N/A - N/A Home Address City State Zip Home Telephone May we contact you at work? Business Telephone ☐ Yes □ No Days and hours Position Applying For: _ Day Wed Fri Mon Tue Thu Sat Sun available. Complete if applying Required Required Date Available: _____ Are you interested in (check all that apply) From for restaurant position. ☐ Full-time ☐ Part-time ☐ Temporary ☐ Summer Required Required То If you are under 18 years of age, please state your date of birth (No one under age 16 will be hired if not allowed by local laws.) How were you referred to 7 Pie Restaurants? **Education** Number of Type of Name and Location of School Degree/Area Years Graduated School of Study Attended (check One) Address Yes No High School State Address Yes No College City State Name Address Yes No Other City State Zip Special Skills Please list any special skills you'd like to tell us about. PC Software/Other Equipment Legal Are you legally authorized to work in the U.S.? ☐ Yes □No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.) Were you ever discharged by any company? Yes ☐ No. If yes, give name of company(ies): ___ Reason for discharge: Have you ever been convicted of a felony? □′es Have you ever been convicted of a misdemeanor or pled "no contest" in the past ten (10) years? ☐Yes ☐ No If 'YES" to either question, please explain:

7 Pie

7 PIE IS AN EQUAL OPPORTUNITY

EMPLOYER AND YOUR RESPONSE TO ANY

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Employ	ment nistory	Applicant Name:		
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	and reviewed the job description of the position for which I am a the or without reasonable accommodation, described therein.	appiying. I understand that I mu	st be physically capable of perfo	rming the essential jo
APPLICA	NT'S SIGNATURE:		DATE SIGNED:	

REV 5/2024