**APPLICATION FOR EMPLOYMENT** *An equal opportunity employer*

_____ _____/_____/_____

Last Name First Middle Initial Date

_____ ( _____)_____

Address Primary

_____ (_____)_____

City, State, ZIP Alternative Phone

_____

Position Desired

Can you work full time? ☐ Yes ☐ No

Are you willing to work 1st shift? ☐ Yes ☐ No 2nd shift? ☐ Yes ☐ No 3rd shift ☐ Yes ☐ No

Will you work overtime, if asked? ☐ Yes ☐ No

_____ _____

If hired, what date can you start? Hourly rate desired?

Have you applied to or worked for the company before? ☐ Yes ☐ No If yes, When? _____

Do you know someone who works at the bakery? If yes, what is their name and relationship?

_____

What are your qualifications for this job?

_____

How did you hear that we are hiring?

_____

**EDUCATION**

| | Name & City | Course of study | Did you graduate? | Years Completed |
|---|---|---|---|---|
| High School: | | | | |
| College: | | | | |
| Other: | | | | |

**WORK EXPERIENCE** May we contact your present employer? Yes ☐ No ☐

The company reserves the right to contact the employers listed below without any further notification to you. The company will contact your present employer only if you consent. Indicate if you were known by a different name at any of these places of employment.

Start with present or most recent employer

| | |
|---|---|
| Company: | Phone Number: ( ) |
| Address: | Employed from: to: |
| Supervisor: | Hourly pay: |
| Title / Type of work: | Reason for leaving: |

| | |
|---|---|
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|---|---|
| Company: | Phone Number: ( ) |
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| Supervisor: | Hourly pay: |
| Title / Type of work: | Reason for leaving: |

**IMPORTANT – READ BEFORE SIGNING**

I certify, to the best of my knowledge, that the information submitted is complete and correct. I understand that if employed, the Company may terminate my employment if I have made any false statements or misrepresentations in this application or during the interview process. I understand that this application is not an offer of employment. I understand that employment with the company is contingent upon investigation of my previous employment record and references without any further notification to me. I authorize such an investigation and release my current and prior employers, references, and the company from all liability in connection with such an investigation. I understand and agree that if, in the opinion of the company, the results of investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the company may be terminated. I also understand that if I receive an offer of employment, the offer may be contingent upon the successful completion of a physical examination by a physician of the company's choice. If employed, I agree to observe all company policies and procedures. I understand that these policies and procedures may be changed at any time at the company's sole option. If employed, I understand that my employment is at will. I understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the company or myself. I understand that my compensation and benefits are subject to change at any time, with or without notice to me. I have read, understand and agree to the above statements.

_____ _____

**SIGNATURE** **DATE**