# **GREAT BUNS BAKERY**

**APPLICATION FOR EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| NAME (LAST NAME FIRST) | SOCIAL SECURITY NO. | DATE |
| ADDRESS | CITY STATE | ZIP |
| PHONE NUMBER | REFERRED BY: |  |
| POSITION DESIRED | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOWYES NO | IF SO, MAY WE INQUIRE YOURPRESENT EMPLOYER?YES NO | EVER APPLIED BEFORE:YES NOWHEN: |
| CAN YOU SPEAK ENGLISHYES NO READ | CAN YOU SPEAK SPANISHYES NO READ |
| PUEDES HABLAR INGLESSi NO | PUEDES HABLAR ESPANOLSi NO |
| HAVE YOU EVER WORKED IN A BAKERY BEFORE: YES NOPOSITION: DOING WHAT\*A record of conviction will not necessarily bar the applicant from employment and the appointing authority (employer) will consider factors such as: l) the length of time that has passed since the offense; 2) the age of applicant at the time of the offense; 3) the severity and nature of the offense; 4) the relationship of the offense to the position for which the applicant has applied; and 5) evidence of the rehabilitation of the applicant. |

# **FORMER EMPLOYERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATEMONTH & YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |

**DO NOT WRITE BELOW THIS LINE**

|  |  |  |  |
| --- | --- | --- | --- |
| INTERVIEWED BY |  | HIRED BY |  |
| START DATE |  | SHIFT |  | SHIFT MANAGER |  |
| RATE OF PAY |  | CURRENT HEALTH CARD |  | HEALTH CARD EXPIRES |  |
| OPERATIONS DATE |  | QUICK BOOKS DATE |  | INSURANCE LOG DATE |  |

**Pre-Employment Questionnaire**

**Equal Opportunity Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATION HISTORY | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
| GRAMMER SCHOOL |  |  |  |
| HIGH SCHOOL |  |  |  |
| COLLEGE |  |  |  |
| TRADE SCHOOL |  |  |  |

**REFERENCES:** GIVE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & PHONE NUMBER | ADDRESS | BUSINESS | YEARS KNOWN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| WHO CAN WE CONTACT IN CASE OF EMERGENCY:NAME: PHONE NUMBER: |
| RELATIONSHIP TO EMPLOYEE: |

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personnel or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the

Americans with Disabilities Act (ADA) and other relevant federal and state laws."

|  |  |
| --- | --- |
| **SIGNATURE** | **DATE** |