

# 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 NOW YES NO	IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER? YES NO	EVER APPLIED BEFORE: YES NO WHEN:	
CAN YOU SPEAK ENGLISH YES NO READ		CAN YOU SPEAK SPANISH YES NO READ	
PUEDES HABLAR INGLES Si NO		PUEDES HABLAR ESPANOL Si NO	
HAVE YOU EVER WORKED IN A BAKERY BEFORE: YES NO			
POSITION: DOING WHAT			
<p>*A record of conviction will not necessarily bar the applicant from employment and the appointing authority (employer) will consider factors such as: 1) 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.</p>			

### FORMER EMPLOYERS

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**DO NOT WRITE BELOW THIS LINE**

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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."

<b>SIGNATURE</b>	<b>DATE</b>
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