



Please use black ink.

**APPLICATION FOR EMPLOYMENT**

<b>PERSONAL</b>				
LAST NAME	FIRST	MIDDLE	DATE	
STREET ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER (LAST FOUR ONLY) XXX - XX -
DESIRED POSITION:				HOME PHONE
HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH OUR COMPANY? <input type="radio"/> YES <input type="radio"/> NO – IF YES, MONTH & YEAR				OTHER PHONE / CELL PHONE
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="radio"/> YES <input type="radio"/> NO – IF YES, PLEASE EXPLAIN:				EXPECTED RATE OF PAY
JOB REQUIREMENTS BRIEF: ABLE TO SELL PRODUCTS, STOCKING (MAX 50 LBS.), PRICING, REGISTER OPERATION, ANSWER TELEPHONE, ASSIST CUSTOMERS, PREPARING & WRITING UP ORDERS, CLEANING AND OTHER GENERAL CUSTOMER SERVICE MATTERS.				
AFTER READING THE ABOVE JOB REQUIREMENTS, ARE YOU ABLE TO PERFORM ALL DUTIES INDICATED WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="radio"/> YES <input type="radio"/> NO				
WHAT PROMPTED YOU TO SELECT COSTEAUX FRENCH BAKERY AS A POTENTIAL EMPLOYER?				
ARE YOU AVAILABLE FOR FULL TIME WORK? <input type="radio"/> YES <input type="radio"/> NO WHAT DAYS ARE YOU <b>NOT</b> AVAILABLE FOR WORK:			WILL YOU WORK OVERTIME IF NEEDED? <input type="radio"/> YES <input type="radio"/> NO	
DO YOU HAVE RELATIVES OR FAMILY WORKING FOR COSTEAUX FRENCH BAKERY? <input type="radio"/> NO <input type="radio"/> YES – IF YES, PLEASE PROVIDE NAME & RELATIONSHIP			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?	
SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, PROGRAMS, ETC.)			ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="radio"/> YES <input type="radio"/> NO * PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT	
DRIVER APPLICANTS ONLY: ARE YOU 18 YRS. OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO ALL OTHER APPLICANTS: ARE YOU 16 YRS. OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO IF NO, EMPLOYMENT IS SUBJECT OT VERIFICATION OF MINIMUM LEGAL AGE REQUIREMENT			IF YOU SERVED IN THE MILITARY, WERE YOU HONORABLY DISCHARGED? <input type="radio"/> YES <input type="radio"/> NO	
<b>EDUCATION</b>				
(CIRCLE LAST YEAR COMPLETED)				
HIGH SCHOOL	1	2	3	4
GRADUATED? <input type="radio"/> YES <input type="radio"/> NO WHERE?				
COLLEGE	1	2	3	4
GRADUATED? <input type="radio"/> YES <input type="radio"/> NO WHERE?				DEGREES:
LIST SPECIAL INTERESTS AND HOBBIES:				
<b>OFFICE USE ONLY / EMPLOYMENT DATA:</b>				
DATE HIRED:		STARTING DATE:		RATE OF PAY:
<input type="radio"/> FULL TIME <input type="radio"/> PART TIME		POSITION:	DEPARTMENT:	WCC:
<b>EMERGENCY CONTACT INFORMATION</b>				
NAME	RELATIONSHIP	PHONE NUMBER	OCCUPATION	ADDRESS



**EMPLOYMENT HISTORY (SHADED AREAS FOR COMPANY USE ONLY)**

PLEASE PROVIDE ACCURATE, COMPLETE FULL AND PART TIME EMPLOYMENT RECORD. START WITH THE PRESENT OR MOST RECENT EMPLOYER.

COMPANY NAME:	PHONE:
ADDRESS:	EMPLOYED (MONTH AND YEAR) FROM: TO:
SUPERVISOR NAME:	RATE OF PAY START: LAST:
JOB TITLE AND DESCRIPTION OF WORK YOU PERFORMED:	REASON FOR LEAVING:

◦ VERIFIED / COMMENTS:

COMPANY NAME:	PHONE:
ADDRESS:	EMPLOYED (MONTH AND YEAR) FROM: TO:
SUPERVISOR NAME:	RATE OF PAY START: LAST:
JOB TITLE AND DESCRIPTION OF WORK YOU PERFORMED:	REASON FOR LEAVING:

◦ VERIFIED / COMMENTS:

COMPANY NAME:	PHONE:
ADDRESS:	EMPLOYED (MONTH AND YEAR) FROM: TO:
SUPERVISOR NAME:	RATE OF PAY START: LAST:
JOB TITLE AND DESCRIPTION OF WORK YOU PERFORMED:	REASON FOR LEAVING:

◦ VERIFIED / COMMENTS:

**REFERENCES:**

NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

**CERTIFICATION – PLEASE READ, SIGN AND DATE**

All applications for employment are judged solely on the basis of qualification and ability without regard to age, sex, race, national origin, religion, sexual orientation, marital status, disability, veteran status or other classification protected by law.

I acknowledge that the Company follows an employment – at – will policy, such that the Company or I may terminate my employment at any time for any reason. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States and show the Company documentation that will prove this.

I understand and agree that my previous employers may be contacted.

I certify that all the statements herein are true and accurate and understand that any falsification or omission shall result in dismissal.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_