



Please use black ink.

APPLICATION FOR EMPLOYMENT

PERSONAL				
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? ◦ YES ◦ NO – IF YES, MONTH & YEAR				OTHER PHONE / CELL PHONE
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ◦ YES ◦ 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? ◦ YES ◦ NO				
WHAT PROMPTED YOU TO SELECT COSTEAUX FRENCH BAKERY AS A POTENTIAL EMPLOYER?				
ARE YOU AVAILABLE FOR FULL TIME WORK? ◦ YES ◦ NO WHAT DAYS ARE YOU NOT AVAILABLE FOR WORK:			WILL YOU WORK OVERTIME IF NEEDED? ◦ YES ◦ NO	
DO YOU HAVE RELATIVES OR FAMILY WORKING FOR COSTEAUX FRENCH BAKERY? ◦ NO ◦ 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.? ◦ YES ◦ NO * PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT	
DRIVER APPLICANTS ONLY: ARE YOU 18 YRS. OF AGE OR OLDER? ◦ YES ◦ NO ALL OTHER APPLICANTS: ARE YOU 16 YRS. OF AGE OR OLDER? ◦ YES ◦ NO IF NO, EMPLOYMENT IS SUBJECT OT VERIFICATION OF MINIMUM LEGAL AGE REQUIREMENT			IF YOU SERVED IN THE MILITARY, WERE YOU HONORABLY DISCHARGED? ◦ YES ◦ NO	
EDUCATION				
(CIRCLE LAST YEAR COMPLETED)				
HIGH SCHOOL	1	2	3	4
GRADUATED? ◦ YES ◦ NO WHERE?				
COLLEGE	1	2	3	4
GRADUATED? ◦ YES ◦ NO WHERE?				DEGREES:
LIST SPECIAL INTERESTS AND HOBBIES:				
OFFICE USE ONLY / EMPLOYMENT DATA:				
DATE HIRED:		STARTING DATE:		RATE OF PAY:
◦ FULL TIME ◦ PART TIME		POSITION:		DEPARTMENT:
				WCC:
EMERGENCY CONTACT INFORMATION				
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:
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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: _____