



Sugar Plum Bakery Application for Employment

NOTE:

1. In order to be considered for an open position, this application must be fully completed and signed.
2. Applicants receive consideration for employment without regard to race, color, creed, religion, gender, age, national origin, disability, veteran or marital status.
3. False statements on the application form shall be sufficient cause for termination.
4. This application will remain active for 6 months. If you wish to be considered for employment thereafter, you must submit another application for employment.
5. Please specify position desired.
6. A Background Check is required of all applicants offered employment.

Sugar Plum Bakery
Application for Employment

Date: _____

(Applications are held for 6 months)

Name:	
Address:	Time at present address:
City, State, Zip	Years: Months:
Phone Number:	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list age:

Emergency Contact:	Phone Number:
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Position Applying for: (be specific)	Wages Expected:	Date you can start:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Available: (be specific)	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes may we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monday: _____	Thursday: _____
	Tuesday: _____	Friday: _____
	Wednesday : _____	Saturday: _____
How did you hear about this opening:		

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Do you have any retail or food service experience:

Yes No

Will you consent to a criminal background check?

Yes No

Are you a U.S. Citizen or Lawfully Authorized Alien Worker?

Yes No

Education:

High School Attended:

Year Graduated:

College:

Year Graduated:

Are you currently attending school?

Yes No

Employment History

Name of Company:	Dates: From: _____ To: _____
Address:	Phone Number:
Supervisor's Name:	
Title and Job Description:	
Reason for Leaving: (be specific)	

Name of Company:	Dates: From: _____ To: _____
Address:	Phone Number:
Supervisor's Name:	
Title and Job Description:	
Reason for Leaving: (be specific)	

Name of Company:	Dates: From: _____ To: _____
Address:	Phone Number:
Supervisor's Name:	
Title and Job Description:	
Reason for Leaving: (be specific)	

Please Explain any gap in employment:

List any changes of name, different name, or other name used in the past in order that our Organization may process a background check on your employment history. If none, indicate with N/A:

Personal/Professional References

Name:	Phone Number:
Years Known:	
Name:	Phone Number:
Years Known:	
Name:	Phone Number:
Years Known:	

I authorize investigation of all statements in the application. I understand that misrepresentation or omission of facts is cause for immediate dismissal.

Applicant Signature

Date