Employment Application

| | | Date | 2. |
|-------------------------|-------------|--|-----------|
| # | | Position and Schedule Desired: | Monday |
| Continenta | 0 | Check all that apply: | Tuesday |
| Continental Bakery | · Ohr | □ Kitchen □ Baker | Wednesday |
| | | Kitchen Baker Server Bartender Retail Other | Thursday |
| | | | Friday |
| | ľ | □ Other | Saturday |
| | | Available | Sunday |
| | | Date: Circle Location Desired: | |
| Continental Bakery Engl | ish Village | Chez Lulu | |
| Name: | | Home Phone #: | |
| Address: | | Cell Phone #: | |
| City, State, Zip: | | e-mail: | |
| | | | |
| | | Employment History | |
| | | (List most recent first) | |
| Employer: | | Employer: | |
| Position: | | Position: | |
| From: | To: | | То: |
| Contact | | Contact | |
| Phone #: | | Phone #: | |
| Reason for Leaving: | | Reason for Leaving: | |
| Employer: | | Employer: | |
| Position: | | Position: | |
| From: | To: | From: | То: |
| Contact | | Contact | |
| Phone #: | | Phone #: | |
| Reason for Leaving: | | Reason for Leaving: | |
| | | | |

Are you allowed by law to work in the United States? YES _____ NO _____ (*If NO, please explain on back)* Have you ever been fired from a job? YES _____ NO _____ (*If YES, please explain on back)*

| Office use below: | | | | | | | | |
|-------------------|--------------|-------------|-------|--------------|-------|------------|--|--|
| Reviewed | Phone Screen | Interviewed | Stage | Offer/Reject | Hired | Start Date | | |
| | | | | | | | | |
| | | | | | | | | |

Continued on Reverse

<u>References</u> (Non-Family Members)

| Name: | | |
|----------------------------|---|---|
| Relationship To Applicant: | | |
| Years Acquainted: | Telephone: | |
| | | |
| Name: | | _ |
| Kelationship To Applicant: | Telephone: | _ |
| Years Acquainted: | Telephone: | |
| Name | | |
| Relationship To Applicant: | | - |
| Years Acquainted: | Telephone: | |
| | | |
| | <u>Tell us a little bit about yourself:</u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Signature: | |