



APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment without regard to sex, race, color, religion, national origin or ancestry, age, disability, veteran status or any other category protected by law. No information on this application will be used for the purpose of discrimination. This application will remain on file for six (6) months. If you are not employed by us during this period, it will be necessary for you to file a new application form with us for further consideration.

Today's Date _____

Name _____
 First Middle Last

Address _____
 Street City State Zip

Telephone # _____ Email Address _____

Area of Interest (Please circle the areas in which you have interest)

- Cashier
- Baker
- Cake Decorator
- Barista

GENERAL INFORMATION

List any days or hours that you are NOT able to work: _____

Will you work overtime whenever necessary? _____

Do you have reliable transportation? _____

Have you ever been employed with us?, If yes, when? _____

Have you ever been convicted of a crime?, If yes, explain _____

Do you have relatives working for the company? If yes, who? _____

Are you legally eligible for employment in the United States? _____

(Proof of eligibility and identity will be required)

Are you presently able to perform all of the essential functions of the job for which you are applying? _____

If no, please describe those essential functions and duties, which you are presently unable to perform: _____

If required, as a part of the duties of the job for which you have applied, are you able to stand, or sit for extended periods of time? _____, If no, explain _____

Have you used illegal drugs in the past six months? _____ If yes, explain _____

List any special skills in which you believe yourself to be trained and/or experienced: _____

Why do you want to work at Honeysuckle Biscuits & Bakery? _____

What do you enjoy doing in your spare time? _____

Have you ever been terminated or asked to resign from any previous job? () YES () NO

If yes, please explain: _____

What languages are you able to read, speak and write fluently? _____

EDUCATIONAL BACKGROUND

<i>Type of School</i>	<i>Name & Address of School</i>	<i>Graduation Date</i>	<i>Course or Major</i>
COLLEGE			
TECHNICAL SCHOOL			
HIGH SCHOOL			
G.E.D.			

WORK EXPERIENCE

CURRENT OR LAST EMPLOYER

COMPANY NAME	START DATE Mo. ____ Yr. ____	END DATE Mo. ____ Yr. ____
ADDRESS, CITY, STATE, ZIP	DUTIES	
PHONE NUMBER ()	POSITION HELD	
JOB TITLE	REASON FOR LEAVING	
CURRENT OR LAST RATE OF PAY	MAY WE CONTACT YOUR CURRENT EMPLOYER? () Yes () No	
NAME OF SUPERVISOR		

PREVIOUS EMPLOYMENT

COMPANY NAME	START DATE Mo.____Yr.____	END DATE Mo.____Yr.____
ADDRESS, CITY, STATE, ZIP	DUTIES	
PHONE NUMBER ()	POSITION HELD	
JOB TITLE	REASON FOR LEAVING	
CURRENT OR LAST RATE OF PAY	MAY WE CONTACT THIS EMPLOYER? () Yes () No	
NAME OF SUPERVISOR		

PREVIOUS EMPLOYMENT

COMPANY NAME	START DATE Mo.____Yr.____	END DATE Mo.____Yr.____
ADDRESS, CITY, STATE, ZIP	DUTIES	
PHONE NUMBER ()	POSITION HELD	
JOB TITLE	REASON FOR LEAVING	
CURRENT OR LAST RATE OF PAY	MAY WE CONTACT THIS EMPLOYER? () Yes () No	
NAME OF SUPERVISOR		

REFERENCES

NAME	RELATIONSHIP & TITLE	
COMPANY	WORK PHONE ()	HOME PHONE ()
ADDRESS	YEARS KNOWN	

NAME	RELATIONSHIP & TITLE	
COMPANY	WORK PHONE ()	HOME PHONE ()
ADDRESS	YEARS KNOWN	

APPLICANT STATEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs/alcohol after an offer of employment and at any time during my employment, to the extent permitted by law. Any offer of employment may be contingent upon the passing of a drug/alcohol screen. I also consent to complete a post hiring medical questionnaire after my employment begins.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared regarding questions about my character. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional information about the nature and scope of the inquiry. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons name herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at –will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, verbal, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor, manager or representative of the Company, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

(If you have any questions regarding this statement, please ask a Company representative before signing.)

I hereby acknowledge that I have read the above Statements and understand the same.

Do not sign until you have read the above statement and agreement.

Applicant Signature

Date of Signature