

Jules Bakery Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-3

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Social Security No: _____ - _____ - _____	DATE: _____		
Name _____			
Last	First	Middle	Maiden
Present address _____			
Number	Street	City	State Zip
How long at present address? _____			
Telephone () _____		E-mail: _____	
If under 18, please list age and date of birth: _____			
Position applied for: _____		Days/hours available to work	
Salary desired: _____		Sun _____	Thur _____
		Mon _____	Fri _____
		Tue _____	Sat _____
		Wed _____	Other _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
What date are you available to begin work? _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

JULES BAKERY - APPLICATION FOR EMPLOYMENT Page 2

REFERENCES - Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

EMPLOYMENT OBJECTIVES

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

JULES BAKERY - APPLICATION FOR EMPLOYMENT Page 3

WORK EXPERIENCE Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. You may also attach a resume.**

1 - Most recent

Name of employer: Address City, State, Zip Code Phone number	Supervisor's name	Employment dates	Pay or salary
		From:	Start:
		To:	Final:
Reason for leaving (be specific)			
List your title, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address City, State, Zip Code Phone number	Supervisor's name	Employment dates	Pay or salary
		From:	Start:
		To:	Final:
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		To:	Final:
Reason for leaving (be specific)			
List your title, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No