



APPLICATION FOR EMPLOYMENT

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please print in blue or black ink only.

PERSONAL DATA

An Equal Opportunity Employer

Name Last _____ First _____ Middle _____ Date ____/____/____
 Present Address _____ City _____ State _____ Zip _____
 Phone () _____ - _____ Mobile () _____ - _____ Email _____
 Position Desired _____ Minimum Salary Expected \$ _____ per ____ When could you start? ____/____/____
 Have you ever been employed by us before? _____ If yes, in what position? _____

What is your availability:
 What is the earliest time you can be at work?
 What is the latest time you can stay at work?

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Begin							
End							

EDUCATIONAL BACKGROUND

Type of School	School Name & Address	Dates Attended		Years Completed	Major Areas of Study	Degree	Graduation Date
		From	To				
High School							
College(s)							
Other							

*These dates will be used for confirmation of educational record only. They will not be used in making an employment decision.

SPECIAL SKILLS

Please list any additional special skills, technical or professional knowledge including the ability to write and / or speak any foreign languages that you would like considered

WORK EXPERIENCE

*List all positions held in chronological order starting with current or most recent position. Include periods of unemployment and reasons.

Date Employed	Employer	Position	Pay	Reason for Leaving	Name and Ph # of Supervisor
From: / /			Start: \$ per		Name:
To: / /			End: \$ per		Ph () -
From: / /			Start: \$ per		Name:
To: / /			End: \$ per		Ph () -
From: / /			Start: \$ per		Name:
To: / /			End: \$ per		Ph () -

PERSONAL REFERENCES

List below at least three personal or professional references (i.e. business associates, college professors, teachers, ministers, etc.). Do not include relatives.

Name	Relationship/Title	Address/Ph#	How Long Known

OTHER PERSONAL DATA

List below any felony convictions you have received in your lifetime and all misdemeanor convictions over the past three years (other than traffic violations).

Date of Final Disposition	Violation	Penalty Assessed	Name and Location of Court (include county & State)

READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools, and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them from all liability for divulging same. I understand that all statements made by me are subject to investigation by this Company, and that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during the period of my employment, and I agree to hold this Company blameless in that event. If employment is obtained under this application, I will comply will all rules and regulations of the Company. I agree to be responsible for, and return in good condition, any and all Company property and equipment issued to me by this Company until returned. I agree to submit to physical examination if required by the Company. The first 90 days of employment are considered a probationary period during which, at any time, the Company may terminate my employment if it is determined I am not suited for Do-nut store environment. Further, I hereby understand and agree that my employment, both during and after such probationary period is at will, that nothing in this application or in any other Company document shall be deemed to create any contract of employment between me and the company, and that my employment can be terminated at any time by myself or the Company for any or no cause; employment beyond the probationary period shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me; I further understand that no representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Applicant's Signature

Date

*Do not write in this box—For office use only

Start Date / /	Dept.	Pay Rate \$ per	