Udder Heaven and Bay Gulls Bagels

Employment Application

We are an Equal Opportunity Employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran or any other legally protected status.

		Date//
	Applicant Informa	tion
First, Last, M.I.		
Permanent Street Addres	SS	
City	State	Zipcode
Phone ()	Cell ()	
Summer Address (If Dif	ferent)	
City	State	Zipcode
Social Security Number	of service: to kills/talents (ie, singing, actin	_
Diagonal de lista	Education Informa	tion
Please circle the highest ye		tion
	ear completed	
Please circle the highest year 1 2 3 4 5 6 7 8 Name of School:		College 1 2 3 4 Name of School
1 2 3 4 5 6 7 8	ear completed 9 10 11 12 G.E.D	College 1 2 3 4

Employment Information

What days Sunday		ould you prefer Tuesday	to work? Wednesday	Thursday	Friday	Saturday
List dates a Sunday	and times you Monday	are not availab Tuesday	ble to work: Wednesday	Thursday	Friday	Saturday
Until what	date are you	available to wo	ork?			
Please list	any time off y	ou are already	aware of needir	ng		
Weekends? Holidays? Are you cu If hired, wl	Yes or No Yes or No rrently emplo nen would yo					
			Work Hist	ory		
Current or	Most Recent	Employer				
Address _				City/State/Z	Zip	· · ·
Ending			To		Salary: Beg	ginning
Briefly des	's Name & T	itle				
Phone No.	()		_		Zip	
Dates of E Ending Job Title_	mployment:	From	То		Salary: Beg	
Briefly des	's Name & Touribe duties _ason for leavi	ng:				
Have you e		nployers? Yes harged or aske	or No d to resign from	a position? Y	Yes or No	

References

Please list three people we may contact who are not related to you, and whom you have known at
least one year: Name, Address and Telephone 1.
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2.
3.
Authorization
I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also understand that if hired, I will be expected to follow the procedures as identified in the employee manual. I authorize the further confirmation of my statements and the contact of references and employers listed above for information pertinent to my previous and potential employment. I release the company from liability for any damage that may result from obtaining such information. This authorization does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or any other relevant federal and state law(s). I also understand and agree that no representative 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, unless it is in writing and signed by an authorized company representative.
Signature Date
Udder Heaven Use Only
Comments:
Emergency Contact
Relationship Telephone
1010pi10110