
ANDERSEN BAKERY INC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION:

Date of Birth (DOB): _____		SOCIAL SECURITY NUMBER _____	
LEGAL NAME as shown on employee's Social Security Card			
_____	_____	_____	_____
Last Name	First Name	Middle Initial	
HAVE YOU EVER WORKED UNDER ANOTHER NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, UNDER WHAT NAME(S)? _____			
COMPLETE HOME ADDRESS includes PO Box, APT. #, Etc.			
_____	_____	_____	_____
Street	City	State	Zip Code
HOME PHONE		BUSINESS/ALTERNATIVE PHONE	
() _____	() _____		

POSITION APPLYING FOR:

JOB TITLE/TYPE OF WORK	DESIRED SALARY	AVAILABLE START DATE
_____	_____	_____
YOUR AVAILABILITY		
Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE THERE ANY LIMITATIONS ON THE HOURS, DAYS OR TIME YOU ARE AVAILABLE TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, EXPLAIN:		

IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU HAVE ANY RELATIVES WORKING HERE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHO: _____		

EDUCATION, Begin with the most **recent** college/university/technical school

NAME OF EDUCATIONAL INSTITUTION/LOCATION	COURSE OF STUDY	NO. OF YEARS	Graduate?	Diploma/Degree?
List any additional training/education related to the position you are applying for:				

COMPLETE ALL JOB HISTORY REGARDLESS OF ATTACHED RESUME

EMPLOYMENT HISTORY: (List current/most recent positions first)

NAME OF EMPLOYER:	ADDRESS/LOCATION	DATES EMPLOYED From _____ To _____
TYPE OF BUSINESS		POSITION/TITLE
MANAGER'S NAME	MANAGER'S TITLE	PHONE
MAY WE CONTACT YOUR MANAGER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF EMPLOYER:	ADDRESS/LOCATION	DATES EMPLOYED From _____ To _____
TYPE OF BUSINESS		POSITION/TITLE
MANAGER'S NAME	MANAGER'S TITLE	PHONE
MAY WE CONTACT YOUR MANAGER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF EMPLOYER:	ADDRESS/LOCATION	DATES EMPLOYED From _____ To _____
TYPE OF BUSINESS		POSITION/TITLE
MANAGER'S NAME	MANAGER'S TITLE	PHONE
MAY WE CONTACT YOUR MANAGER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Available working hours: Please enter the hours and days you are available to work.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
 Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharged if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my work record, education, and other
 Initials matters related to my suitability for employment and, further, authorize the references I may be asked to provide to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related too such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be
 Initials granted or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment with this Company is “at-will”, which means that either I or the Company can terminate the employment relationship at anytime with or without prior notice, and for any reason not prohibited by statue. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company has the authority to alter the foregoing unless a specific term of employment is in writing and signed by the Company President.

APPLICANT SIGNATURE	DATE
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