

BREAKFAST WOODWORKS, INC.

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

I. Personal Information

Name: Last First Middle

Present Address

Social Security Number Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

r use of another name for us to be able to check your

4. Have you ever been convicted of a felony? * Yes No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

1. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

2. _____
 Company Name _____ Position Held _____

 Address _____ Dates Employed: _____
 From To

 Manager / Supervisor _____ Telephone _____ Wage/Salary _____

 Reason For Leaving _____
 (over please)

3. _____
 Company Name _____ Position Held _____

 Address _____ Dates Employed: _____
 From To

 Manager / Supervisor _____ Telephone _____ Wage/Salary _____

 Reason For Leaving _____

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

 (Employer's Name) _____ Reason _____

 (Employer's Name) _____ Reason _____

IV. References Please do not include relatives or former employers.

1. _____
 Name _____ Years Known _____

 Address _____ Telephone _____

 Occupation _____

2. _____
 Name _____ Years Known _____

 Address _____ Telephone _____

 Occupation _____

3. _____
 Name _____ Years Known _____

Address

Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what hourly rate would you require?

\$

Signature Please

Date