

### APPLICATION FOR EMPLOYMENT

Please Print

\_\_\_\_\_  
Date Last Name First Name Middle

Present Address

\_\_\_\_\_  
No & Street City State Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
No & Street City State Zip

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone Home Phone

#### EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Are you applying for: Regular Full Time \_\_\_\_\_ Regular Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends? yes no Overtime, if necessary? yes no

If hired, on what date can you start work? \_\_\_\_\_ Pay Rate desired? \_\_\_\_\_

#### PERSONAL INFORMATION

Have you ever applied to or worked for Beckmann's Old World Bakery, Ltd. before? yes no

If yes, when? \_\_\_\_\_

Do you have any relatives working for Beckmann's Old World Bakery, Ltd.? yes no

If yes, state name(s) and relationship:

\_\_\_\_\_  
\_\_\_\_\_

Why are you applying for work at Beckmann's Old World Bakery, Ltd?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? yes no

Are you at least 18 years old (If under, 18, hire is subject to verification that you are of minimum legal age and may require you to acquire a Work Permit) yes no

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? yes no

Beckmann's Old World Bakery, Ltd.

Date Received: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?    yes            no

If no, describe the functions that cannot be performed.

\_\_\_\_\_

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)            yes            no

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_

Are you currently employed?            yes            no

If yes, may we contact your current employer?            yes            no

**EDUCATION, TRAINING, and EXPERIENCE**

<u>School</u>	<u>Name and Address</u>	<u># of Years Completed</u>	<u>Did you Graduate?</u>	<u>Degree of Diploma</u>
High School	_____ Name _____ Address _____ City                                  State      Zip	_____	yes    no	_____
College / University	_____ Name _____ Address _____ City                                  State      Zip	_____	yes    no	_____
Vocational / Business	_____ Name _____ Address _____ City                                  State      Zip	_____	yes    no	_____

Please list the **languages** you read, write and understand. \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you suited for work at Beckmann's Old World Bakery, Ltd? \_\_\_\_\_

\_\_\_\_\_

FOR DRIVING POSITIONS: Are you licensed for the job applied for?    yes            no  
Type of License: \_\_\_\_\_      Expiration \_\_\_\_\_      Issuing State: \_\_\_\_\_

Has your license ever been revoked or suspended?            yes            no            If yes, state reasons, date of revocation or suspension, and date of reinstatement. \_\_\_\_\_

\_\_\_\_\_

Beckmann's Old World Bakery, Ltd.

Date Received: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer	(_____) _____ - _____ Telephone
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?                      yes                      no  
-----

_____ Name of Employer	(_____) _____ - _____ Telephone
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?                      yes                      no  
-----

_____ Name of Employer	(_____) _____ - _____ Telephone
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?                      yes                      no  
-----

Beckmann's Old World Bakery, Ltd.

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City State Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?                      yes                      no

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City State Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?                      yes                      no

Military Service

Have you obtained any special skills or abilities as a result of service in the military?                      yes                      no

If so describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No of Years Acquainted

