

Employment Application

Please Print All Information

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| Position Applying For Location Date |
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AN EQUAL OPPORTUNITY EMPLOYER - We consider applicants for all positions on the basis of qualifications and without regard to race, religion, color, sex, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, a diagnosis or history of cancer, disability, genetic characteristics or any other category protected by applicable federal, state, or local laws.

□ Other:

How did you learn about the company? (circle one)

Advertisement
Friend
Walk-in
Current Employee

| Name | | | | | | | |
|--|-------------------|---|--------------------|---------|---------|----------------------|----------------------------------|
| | Last | | First | | | Middle | |
| Address Telephone No | Street | Ema | City iil Addres | S | | State | Zip |
| Have you ever a | | rked for this co | | | | Yes | No |
| Do you have any | r friends or rela | tives working f | or this co | mpany | /? | Yes | No |
| - | 18 years of age | - | | | | our eligibility to w | – rork (e.g. authorized No |
| Have you been c (<i>We do not</i> | | time in the prev disqualify candie | - | | nal con | | No |
| If yes, prov | ide details: | | | | | | |
| Are you legally qualified to work in the United States? Yes No (Under federal law, we must require proof of your identity and employment authorization upon employment | | | | | | | |
| If hired, on what | List Hours A | tart work? vailable for Wo 1 Tues Wed | rk by Day | v Below | | | |
| Day | | | | | | | |
| Night | | | | | | Total Weekly H | ours Desired: |
| The following ar Bruxie: | | 0 | 1 5 | | | | rs of availability with |



| | GUUKMET WAF | FLE SANDWICHES | | |
|---|-------------------|---------------------|------------------|-----------------|
| | | No. of Years | Did You | Degree |
| | Name and Location | <u>Completed</u> | <u>Graduate?</u> | <u>Acquired</u> |
| E D U C A T I O N | High School | ions or skills whic | | |
| | | | | |
| | | | | |

Note: We comply with the Americans With Disabilities Act and other applicable laws, and we will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of a position.

Are you able to perform the essential functions of the job for which you are applying? Yes____ No____

If "no," what are some reasonable accommodations to allow you to perform the essential functions of the job for which you are applying?

List your last three employers below beginning with the present / last employer first. Account for all periods of unemployment. You must complete this section even if attaching a resume.

| E M P | Present or Last Employer | Telephone No | | | |
|-------------|---|-------------------|-------|--|--|
| L O Y | Zip | City | State | | |
| M | Employed From To | Supervisor's Name | | | |
| E N T | Starting Hourly Pay Position/Dut Ending Hourly Pay Reasons for I | | | | |

BRUXIE GOURMET WAFFLE SANDWICHES

| H I | Previous Employer | | | | | |
|----------------------------|------------------------------|-------------------------------------|-------------------------------|-----------------|--|--|
| S T O R | Address Zip | Street | City | State | | |
| Y | Employed From | То | Supervisor's Name | | | |
| A | Starting Hourly Pay | Position/Duti | | | | |
| N D | Ending Hourly Pay | ling Hourly Pay Reasons for Leaving | | | | |
| R F F R R N | Previous Employer Address | | | · | | |
| | Zip | Street | City | State | | |
| | Employed From | То | Supervisor's Name | | | |
| C E | Starting Hourly Pay | Position/Duties | | | | |
| S | Ending Hourly Pay | Reasons for L | eaving | May we contact? | | |
| | List two personal refer | ences that we can con | tact. Do not include relative | S. | | |
| | Name | Occupation | 1 | Telephone No | | |
| | Name | Occupation | 1 | Telephone No | | |

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW:

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.