

## **APPLICATION FOR EMPLOYMENT**

Insomnia Cookies is an equal opportunity employer, dedicated to a policy of non discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

PERSONAL INFORMATION						DATE: / /					
Name (Last) (First)			(First)	(Middle)			Soc	cial Security	No.		
								-			
Home Ad	ldress			City			State		Zip		
Home Te	elephone			Business Te	Business Telephone			May we contact you at work?			
( )	•			( )				☐ Yes ☐ No			
Position	Applying For			Date Availar	Date Available			IVO			
Days and	d Hours Availa	ıble									
Day	Mon	Tues	Wed	Thurs Fri		Sat	Sat Sun		Date of Birth:		
From	<u> </u>	!		<u> </u>	<u> </u>	<del> </del>	<u> </u>	<b></b>	/		
То		<u> </u>					'				
How wer	re you referred	l to Insomnia	Cookies?								
   <u></u>		<u></u> -	<u></u> -	<u></u> -	<u></u> -	<u></u> -		<u></u>	<u></u> -		
EDUCA	ATION										
Type of S	School	Name and Location of School			ool	Degree/ Area of Study		Years Attended	Graduated (Check One)		
High Sch	iool										
College											
Graduate	e School			_							
Other											
LEGAL											
	a U.S. citizen o		-						☐ Yes ☐ No		
	and employme					d by the ımm	igration reform	n and contro	्री act of 1986		
We're yo	u ever dischar	ged by any co	ompany?	☐ Yes ☐ No	o .	If yes, give	name of com	pany			
Reason f	for discharge_										
expunge	ed records of c e of a criminal	conviction or a I record will n	arrest nor w not automati	vill such inforr	rmation be asl lify you from t	sked of you o the job for w	or considered	in employm	discuss sealed or nent decisions.) The		

## **EMPLOYMENT HISTORY**

APPLICANT'S SIGNATURE

lay we cont		re employed under a different name ployer?	nployer? 🗌 Yes 🔲 No			
DATES	NAME /	AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY	REASON FOR LEAVING
rom:	Name		Your Job Title		Starting	
no. yr.	Address	City	Supervisor		Final	
o. yr.	State	Phone				
om:	Name	( )	Your Job Title		Starting	
/ o. yr.	Address	City	Supervisor		Final	
/ o. yr.	State	Phone ( )	Superviso:			
om:	Name	,	Your Job Title		Starting	
io. yr.	Address	City	Supervisor		Final	
/ io. yr.	State	Phone ( )				
om:	Name		Your Job Title		Starting	
/ o. yr. o:	Address	City	Supervisor		Final	
o. yr.	State	Phone ( )				
	riously worked for Insom		Yes No			
			Location Position Held			
				From	To	
eason for Le	aving					
EFERENC	ES					
usiness Refe ame	rences: (do not list relati	ives) (please indicate if you were emplo Address	yed under a different name)  Work Phone I	No. Title		Years Known
une		Audiess	( )	vo.		Teals Milowii
			( )			
			( )			
LEASE RE	AD CAREFULLY					
nderstand the ckground, cre the event of e ide by all rule nderstand an	at, with my authorization, dit report and/or criminal employment, I understand s and regulations of Insor d agree that, if employed,	an investigation may be made whereby infor history, subject to applicable federal, state that false or misleading information given i inia Cookies. the employment will be "at will." That is, e application by Insomnia Cookies does not im	and/or local laws. n my application or interview(s) may ither I or Insomnia Cookies may end t	result in immediate dismissa he employment relationship	l. I understand, al	so, that I am require

DATE SIGNED