



EMPLOYMENT APPLICATION

PERSONAL *IF HANDWRITTEN, PLEASE PRINT CAREFULLY* **Date:**

First Name:	Middle:	Last:
Address:		City/State/Zip:
Home Phone:		Cell Phone:
Email Address:		
Do you have means of reliable transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Minimum Salary Expected: \$		
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of U.S. citizenship or immigration status will be required upon employment)</i>		

EMPLOYMENT DATA

Are you seeking: <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship		
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What position(s) are you applying for?		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If currently employed, when would you be available to start?		
Have you ever been employed by West Meadow Farm Bakery? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when:		
Where did you hear about this position?		
<input type="checkbox"/> West Meadow Farm Bakery Website	<input type="checkbox"/> West Meadow Farm Bakery Provide Employee Name:	<input type="checkbox"/> Job Service
<input type="checkbox"/> Job Posting	<input type="checkbox"/> Department of Labor	<input type="checkbox"/> Other

<input type="checkbox"/> College	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Publication
----------------------------------	------------------------------------	--------------------------------------

Applications will be kept active for sixty (60) days. You may keep your application active for an additional sixty (60) days by a signed written request.

EDUCATION

	Name and Address	# of Years Attended	Graduate Yes/No	Major Course and Degree
High School				
College				
Graduate School				
Certifications:				
Other training or skills:				

MILITARY SERVICE

Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates of service: From _____ To _____	
List any special skills or training: _____	

REFERENCES List three persons who are not relatives, employers or otherwise mentioned in this application.

Name:	Phone #'s:
How do you know this person?	

Name:	Phone #'s:
How do you know this person?	
Name:	Phone #'s:
How do you know this person?	

Why are you seeking a new position at this time?

List any business related outside interests and organizations you're active in:

PLEASE COMPLETE ALL ITEMS, EVEN IF YOU ALREADY PROVIDED US WITH A RESUME

WORK HISTORY

Please list your last 3 employers, starting with the most recent.

EMPLOYER	Dates Employed:	
Telephone #:	From:	To:
Address:	Supervisor:	
Title/Position:	Starting Wage:	
Duties:	Ending Wage:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER	Dates Employed:	
Telephone #:	From:	To:
Address:	Supervisor:	
Title/Position:	Starting Wage:	
Duties:	Ending Wage:	
Reason for Leaving:		
EMPLOYER:	Dates Employed:	
Telephone #:	From:	To:

Address:	Supervisor:
Title/Position:	Starting Wage:
Duties:	Ending Wage:
Reason for Leaving:	

***Please read the following paragraphs and initial before you sign this application. Your initials and signature constitutes your agreement thereto in return for the consideration of your application.**

I AUTHORIZE WEST MEADOW FARM BAKERY (the "COMPANY") TO VERIFY ALL STATEMENTS CONTAINED ON THIS APPLICATION. I ALSO AUTHORIZE THE COMPANY TO CONTACT MY PRESENT EMPLOYER, PAST EMPLOYERS, REFERENCES, SCHOOLS AND ORGANIZATIONS. I AUTHORIZE ANY PERSON, SCHOOL, EMPLOYER, OR ORGANIZATION TO PROVIDE THE COMPANY WITH INFORMATION AND OPINION AND RELEASE THE COMPANY AND ALL SUCH SOURCES FROM ANY LIABILITY ARISING FROM THE SOLICITATION OR USE OF THE INFORMATION.

INITIALS: ____ ____

BY MY SIGNATURE AND INITIALS BELOW, I STATE THAT THE INFORMATION PROVIDED ON THIS EMPLOYMENT APPLICATION AND ON MY RÉSUMÉ, IF ANY, IS TRUE AND COMPLETE AND THAT THERE IS NO INFORMATION WHICH I HAVE OMITTED OR FAILED TO INCLUDE.

INITIALS: _____

I AGREE THAT ANY FALSE INFORMATION OR OMISSIONS, INTENTIONAL OR UNINTENTIONAL, ON THIS EMPLOYMENT APPLICATION WILL DISQUALIFY ME FROM CONSIDERATION FROM EMPLOYMENT AND, IF EMPLOYED, MAY RESULT IN IMMEDIATE DISCHARGE.

INITIALS: ____ ____

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION AND ANY OTHER DOCUMENTS OF THE COMPANY ARE NOT CONTRACTS OF EMPLOYMENT. MY EMPLOYMENT AT THE COMPANY WILL BE AT-WILL. I UNDERSTAND THAT I CAN BE DISCHARGED BY THE COMPANY AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT PRIOR NOTICE OR WARNING, AND NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO OFFER OR TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

INITIALS: _____

Date

Signature

West Meadow Farm Bakery is an Equal Opportunity Employer and Veteran Friendly.