DATE				Social Security N	umber
	BAKERY E	MPLOYMEN	T APPLICATIO	N L	
Print Name: Last:		Middle:		First	
Print: Street Address:					
City:	-	Sta	ate:	Zip Co	de:
How long have you lived at this address?		Phone:			
Age: Over 14?	Over 16?	Over 18?			
In case of emergency,		0 411		Dh	
notify: Name:		Street Address: Phone:			
City:			State: Zip Code:		
Education: Grade:	High School		Business:	College	5.
Do you attend school now?	-hilien on	11 so,	what school?		
If you have any physical dis serious ailment or sickness, o					
Who referred you to us?			Bakery Scale?		
Can you operate Cash Regis				-l.	
Are you now employed? B		7)	Kind of wo	rk:	
Present Salary:	v	Vhy are you leaving	<u>:</u>		
Employment desired: Position:	S	Salary: Date can start wo			
Hours you would like to wo	rk:	Full time:		Part time:	
Retail Food Experience:					
Previous Bakery Experience:	Yes: No	If pre	evious experience, whe	re and for how long at ea	ch establishment?
			ER EMPLOYERS		
LIST LAST THREE JOBS	S HELD (Present or last job fin	rst) B	usiness	Work Duties	Dates
Name:					start:
Address:					ended:
Supervisor:		Salary:		Phone:	
Reason for leaving:					<u> </u>
Name:					start;
Address:					ended:
Supervisor:		Salary:		Phone:	
Reason for leaving:					
Name:					start;
Address:					ended:
Supervisor:		Salary:		Phone:	

Salary:

Supervisor:

Reason for leaving:

Social Security Number

CHARACTER REFERENCES: (Do not give relative Name	Address		Phone	Years Acquaintec
authorize investigation of all statements contained i ismissal.	n this application. I unde	erstand that misrepre	esentation or omission of	facts called for is ca
applicant's signature:				
	Do Not Write Belo	w This Line	Annual Control of the	
nterviewer's Coments:				
***************************************	:			
			,	
Neatness	Cha	aracter		
Personality	Abi	lity		
Date Hired:				
Position:				
rosition.	Jare	•• 7		
Signature of Interviewer:		U+	· · · · · · · · · · · · · · · · · · ·	
ADDITIONAL REMARKS:	,			
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			4	