



Barry Bagels

APPLICATION FOR EMPLOYMENT

(Please Print) Date of Application _____

Position(s) applied for _____ Rate of Pay Expected _____

Which store location are you applying for: _____

NAME _____

LAST FIRST MIDDLE

ADDRESS _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PREVIOUS ADDRESS _____

HOW LONG WERE YOU AT THIS ADDRESS? _____

TELEPHONE(_____) _____ SOCIAL SECURITY NUMBER _____ / _____ / _____

If employed and under 18, can you furnish a work permit? YES NO
 If you are under 18, please enter your age _____

Have you filed an application with this company before? YES NO If Yes, give date _____

Were you previously employed by us? YES NO If Yes, When? _____

Do you have any friends or relatives who work for us? YES NO
 If so, Please list their names Name: _____
 Name: _____

On what date would you be available for work _____

Please indicate the times you ARE AVAILABLE:

Are you available to work Full Time Part Time

Are you employed now? YES NO

If so, may we contact your present employer? YES NO

Have you been convicted of a felony in the last 7 years? (Conviction will not necessarily disqualify applicant from employment) YES NO
 If Yes, please explain _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6AM-11AM							
11AM-3PM							
7AM-3PM							
3PM-7PM							
MIDNIGHTS							
OTHER							

Do you have a car available for your own use? YES NO

Are you prevented from lawfully being employed in this country because of Visa or Immigration status? YES NO

Are you a veteran of the U.S. Military Service? YES NO If Yes, which branch? _____

In case of accident or emergency, who should we contact?

Name _____ Home Phone _____ Work Phone _____

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

EDUCATION	Elementary	High School	College	Graduate
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Name of School	_____			
Diploma / Degree :	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Describe any specialized skills or training that you feel would apply to job	_____			

Starting with your present or last job, please list employment experience, including military service assignments and volunteer activities.

Employer	Telephone ()	Dates Employed from to		Responsibilities:
Address				
Job Title		Hourly rate/Salary Start Final		Responsibilities:
Supervisor				
Reason for leaving				

May we contact this employer? YES NO

Employer	Telephone ()	Dates Employed from to		Responsibilities:
Address				
Job Title		Hourly rate/Salary Start Final		Responsibilities:
Supervisor				
Reason for leaving				

May we contact this employer? YES NO

Employer	Telephone ()	Dates Employed from to		Responsibilities:
Address				
Job Title		Hourly rate/Salary Start Final		Responsibilities:
Supervisor				
Reason for leaving				

May we contact this employer? YES NO

Applicant's Statement:
I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.
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.

Signature of Applicant _____ Date _____

Office use only
If applicant is hired, please enter date of hire: ____ / ____ / ____ Starting Salary: _____ Birth date ____ / ____ / ____