## **EMPLOYMENT APPLICATION**



AST NAME	FIRST NAME & MIDDLE INITIAL	Are you at least 16 years old?	Are you at least 18 years old?	
			, , , , , , , , , , , , , , , , , , , ,	
MAILING ADDRESS				
PHONE 1	PHONE 2 EMAIL ADDRE		ESS	
Are you legally able to work in the US				
Military service/Veteran? Y or N		If yes, which branch?		
Convicted of a felony? Y or N Conviction of a crime will not nessecarily bar an applicant from employment)		If yes, please explain.		
POSITION AVAILABLE				
What position are you applying for	ş			
low did you learn of the position a	vailable?			
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	AVAILABLE START DATE	HOURS DESIRED PER WEEK	
Full Time / Part Time / Temp				
AVAILABILITY				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	
FRIDAY	SATURDAY	SUNDAY		
EDUCATION  SCHOOL NAME	LOCATION	MAJOR & DEGREE EARNED		
CHOOL NAME	LOCATION	MAJOR & DEGREE LARNED		
OTHER / APPLICABLE TRAINING				
A DDI IC A DI E CIVILI C. / DDOGIGIEN OFF				
APPLICABLE SKILLS / PROFICIENCIES				

## **EMPLOYMENT APPLICATION**



REFERENCES			
NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY				
EMPLOYER NAME	POSITION HELD	START DATE	END DATE	
MAILING ADDRESS		'	<u>'</u>	
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING	
EMPLOYER NAME	POSITION HELD	START DATE	END DATE	
MAILING ADDRESS				
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING	
EMPLOYER NAME	POSITION HELD	START DATE	END DATE	
MAILING ADDRESS				
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING	

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EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

## DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by The Cookie Bar, LLC. I understand that, if hired, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

Applicants are required to furnish proof of identity and legal work authorization prior to hire.

By signing below I also understand that if applying for the position of "Shift Lead", "Team Lead" "Manager" or any other leadership position, I may be required to complete a background check and drug test as a condition of my employment.

SIGNATURE		
PRINTED NAME	SIGNATURE	DATE