



Date \_\_\_\_\_

## **BAKERY EMPLOYMENT APPLICATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Age: \_\_\_ 14 - 15 \_\_\_ 16 - 17 \_\_\_ 18 or over

(Age information is required to comply with US Department of Labor regulations concerning minimum age for working and operating certain bakery equipment)

Education: \_\_\_ High School/ Grade Completed: \_\_\_\_\_  
\_\_\_ College/ Years Completed, Degrees \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

Do you attend school now? \_\_\_ Yes \_\_\_ No If yes, what school? \_\_\_\_\_

Are you now employed? \_\_\_ Yes \_\_\_ No If yes, by whom? \_\_\_\_\_

Kind of work: \_\_\_\_\_ Present salary: \_\_\_\_\_

Why are you leaving? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Date you can start work: \_\_\_\_\_ Hours you would like to work: \_\_\_\_\_

Can you operate a cash register? \_\_\_\_\_ A bakery scale? \_\_\_\_\_

Bakery experience: \_\_\_\_\_

Other food retailing experience: \_\_\_\_\_

### CHARACTER REFERENCES *(please do not list relatives or employers)*

NAME	ADDRESS	PHONE	Years Acquainted

**PRESENT AND FORMER EMPLOYERS**

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*List last three jobs held, present or most recent job first*

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type Business: \_\_\_\_\_ Work Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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Company: \_\_\_\_\_  
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Type Business: \_\_\_\_\_ Work Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type Business: \_\_\_\_\_ Work Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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I authorize investigation of all statements made in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Applicant's signature \_\_\_\_\_  
Please do not write below this line.

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Interviewer's comments: \_\_\_\_\_  
\_\_\_\_\_

Neatness: \_\_\_\_\_ Character: \_\_\_\_\_  
Personality: \_\_\_\_\_ Ability: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date eligible for benefits: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Signature of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_