



APPLICATION FOR EMPLOYMENT

Bagel Grove, 5 Burrstone Road, Utica, NY 13502 ~ (315) 724-8015

Today's Date: / /

Personal Information

<i>Last Name, First Name</i>	<i>Social Security No.</i>
<i>Present Address</i>	<i>City, State, Zip</i>
<i>Phone No.</i>	<i>Referred By:</i>

Are you applying for: **Baking/Delivery** **Counter/Cash Register** **Either/Any**

Are you **OVER 18** years old? **Yes/No** Do you have a **valid Driver's License**? **Yes/No**

Employment & Experience

Are you currently employed? **Yes/No** Where? _____ How Long? _____

Employment History

<i>From-To</i> <i>Month/Yr Most recent</i>	<i>Name of Employer & Contact Person</i>	<i>Position</i>	<i>Pay Rate</i>	<i>Reason for Leaving</i>

Education and/or Military Service

Are you currently enrolled in school? **Yes/No** If so, **when** are you available to work? _____

<i>Date</i>	<i>School/Location or Armed Service</i>	<i>Course of Study</i>	<i>No. of Years</i>	<i>Did you Graduate?</i>

Please complete both sides



Related Personal Information – If desired

[Empty box for related personal information]

References

Give the names of three persons not related to you, whom you have known at least one year.

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>	<i>Yrs. Known</i>

Comments – If desired

Authorization

“I certify that the facts contained in the this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the corporation from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the corporation has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in the witting and signed by an authorized corporation representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act (ADA) and other relevant federal and state laws.”

Signature _____ *Date* _____