|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Employment:**  **Sasquatch Cookies** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | |
| Name | |  | | |  | | |  | | |  |
|  | | | | | | | | | | | |
| Address | |  | | | City | | | State | | | Zip |
|  | | | | |  | | |  | | |  |
| Phone Number | | Mobile Number | | | Email Address | | |  | | |  |
|  | |  | | |  | | | | | | |
| Are You A U.S. Citizen? | |  | | |
| Yes ☐ | No ☐ | | | |  | | | |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? | | | | | | | | | | | |
| Yes ☐ | No ☐ | | | |  | |  | | | |  |
|  | | | | | | | | | | | |
| **Position** | | | | | | | | | | | |
| Position You Are Applying For | | | | | Available Start Date | | |  | | | Desired Pay |
|  | | | | |  | | | | | |  |
| Employment Desired | |  | | |  | | |  | | |  |
|  |  |  | |  | ☐ Part Time | |  | ☐ Seasonal/Temporary | | |  |
| \*Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday from 5 PM to 11 PM are our current open hours. | | | | | | | | | | | |
| **Education** | | | | | | | | | | | |
| School Name | | | Location | | Years Attended | | | Degree Received | | | Major |
|  | | |  | |  | | |  | | |  |
|  | | |  | |  | | |  | | |  |
|  | | |  | |  | | |  | | |  |
|  | | |  | |  | | |  | | |  |
| **[** | | | | | | | | | | | |
| **References (non-family)** | | | | | | | | | | | |
| Name | | | | | Title | | | Company | | | Phone |
|  | | | | |  | | |  | | |  |
|  | | | | |  | | |  | | |  |
|  | | | | |  | | |  | | |  |
| **Driving History** | | | | | | | | | | | |
| **Do you have reliable transportation?** | | | | | | **Do you have valid automobile insurance?** | | | | | |
| Yes ☐ | | | No ☐ | | | Yes ☐ | | | | No ☐ | |
| **Do you have any automobile accidents or traffic violations on your record for the past 3 years?**   |  |  | | --- | --- | | Yes ☐ | No ☐ | | | | | | | | | | | | |
| **(If yes, please give the dates and describe in detail):** | | | | | | | | | | | |
| **Has any license, permit or privilege ever been suspended or revoked?**   |  |  | | --- | --- | | Yes ☐ | No ☐ | | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Employment History** | | | | | | | | | | | |
| **Employer (1)** | |  | | | Job Title | | |  | | | Dates Employed |
|  | | | | |  | | | | | |  |
| Work Phone | |  | | | Starting Pay Rate | | |  | | | Ending Pay Rate |
|  | | | | |  | | | | | |  |
| Address | |  | | | City | | | State | | | Zip |
|  | | | | |  | | |  | | |  |
| Duties Performed: | | | | | | | | | | | |
| **Employer (2)** | |  | | | Job Title | | |  | | | Dates Employed |
|  | | | | |  | | | | | |  |
| Work Phone | |  | | | Starting Pay Rate | | |  | | | Ending Pay Rate |
|  | | | | |  | | | | | |  |
| Address | |  | | | City | | | State | | | Zip |
|  | | | | |  | | |  | | |  |
| Duties Performed: | | | | | | | | | | | |
| **Employer (3)** | |  | | | Job Title | | | | | | Dates Employed |
|  | | | | |  | | | | | |  |
| Work Phone | |  | | | Starting Pay Rate | | |  | | | Ending Pay Rate |
|  | | | | |  | | | | | |  |
| Address | |  | | | City | | | State | | | Zip |
|  | | | | |  | | |  | | |  |
| Duties Performed: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| **Signature Disclaimer** | | | | | | | | | | | |
| By my signature below, I affirm that all information provided on this Application is true and complete to the best of my knowledge. I acknowledge that, if any information provided on this Application is inaccurate or incomplete, for whatever reason, Sasquatch Cookies may refuse to hire me, or if I am employed, may discharge me from employment.  I authorize Sasquatch Cookies to investigate any information of concern, including but not limited to criminal background and driver’s record.  It is agreed and understood that this Application in no way obligates Sasquatch Cookies to employ or hire the applicant.  It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. | | | | | | | | | | | |
| Name (Please Print) | |  | | | Signature | | | | | | |
|  | | | | |  | | | | | | |
| Date | |  | | |
|  | | | | |

\*We are an Equal Opportunity Employer and is committed to excellence through diversity.