



Application

Date: _____

Desired Position(s) _____

___ Full Time ___ Part Time

Days/Hours Available to Work _____

Name: _____ SSN: _____ - _____ - _____

Street Address/City/State/Zip _____

Phone: _____ Email Address: _____

Drivers License #: _____ State of Issuance: _____ Expiration Date: _____

Are you legally entitled to work in the United States? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No If Yes Describe in Full _____

Have you ever worked for Star Bagel? ___ Yes ___ No

Have you ever worked for a bagel shop or sandwich shop before? ___ Yes ___ No

If Yes, please give dates, location: _____

Weekly wage expected _____

Are you under 18? ___ Yes ___ No If yes, your date of birth _____

Date available to work _____ Is it O.K. to contact present employer? _____

Education:	School Name	Enrolled From/To	Date Graduated	City/State
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Service Trade	_____	_____	_____	_____

Work Experience: (Please List Most Recent Employment First)

1) Employer: _____ Address: _____
 Position (duties) _____ Phone: _____
 Immediate Supervisor: _____ Can We Contact? _____
 Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____
 Reason for Leaving: _____

2) Employer: _____ Address: _____
 Position (duties) _____ Phone: _____
 Immediate Supervisor: _____ Can We Contact? _____
 Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____
 Reason for Leaving: _____

3) Employer: _____ Address: _____
 Position (duties) _____ Phone: _____
 Immediate Supervisor: _____ Can We Contact? _____
 Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____
 Reason for Leaving: _____

Personal References: (Not relatives or former employers)

- 1) Name: _____ Relationship: _____ Phone: () _____
- 2) Name: _____ Relationship: _____ Phone: () _____
- 3) Name: _____ Relationship: _____ Phone: () _____

Please review the duties of this position as outlined in the job posting/description or verbal communication with the store manager. Are you able to perform these functions? ___ Yes ___ No If no, please identify the duties you cannot or may not be able to perform. Would you be able to perform any of the functions if accommodation were made?

Please explain: _____

In case of emergency, please notify one of the following: (please list two)

- 1) Name: _____ Relationship: _____ Phone: () _____
- 2) Name: _____ Relationship: _____ Phone: () _____

I certify that all statements made in this application are true and complete and authorize Star Bagel, Inc. or agent of Star Bagel, Inc. to investigate or receive a copy of any and or all records from prior employers, references, or by any Law Enforcement Agency. I hereby release all those persons, employers, references, agencies and Star Bagel, Inc. from any and all liability arising from their giving or receiving information about my employment history, qualifications or criminal record.

I understand that any false answers or statements or misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application or in my communication with any employee or official is intended to create an employment contract between Star Bagel, Inc. and Me, and that my employment with the company is entered into voluntarily, that I may resign at any time. Similarly, my employment may be terminated with or without cause at any time without prior notice.

I hereby acknowledge that I have read and understand the preceding statement.

Signature: _____ Date: _____

For Office Use:
