

**Goldstein's Bagel Bakery**

**EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER

**PLEASE PRINT**

Last Name: _____	First Name: _____	Middle Initial: _____
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Business Telephone: _____	Home Telephone: _____			
Present Address: _____				
_____ No.	_____ Street	_____ City	_____ State	_____ Zip
Permanent Address if Different From Present Address:				
_____ No.	_____ Street	_____ City	_____ State	_____ Zip

**EMPLOYMENT DESIRED:**

Position Applying For: _____
Wages Expected: \$ _____ / hour or \$ _____ / year

**PERSONAL INFORMATION:**

Are you at least 18 years old?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, can you submit a work permit if hired?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, describe the functions that cannot be performed: _____		

(NOTE: WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT AND CALIFORNIA'S FAIR EMPLOYMENT AND HOUSING ACT. WE CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND TO SKILL AND AGILITY TESTS.)

Have you ever been convicted of a felony? Yes:  No:

(Do not identify any felony conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated.)

If yes, please explain and also state nature of the crime(s), when and where convicted and disposition of the case:

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Have you ever been convicted of a misdemeanor? Yes:  No:

(Do not answer "yes" if the conviction record has been judicially ordered sealed, expunged, or statutorily eradicated. Do not answer "yes" if probation for the conviction was successfully completed or discharged and the case was judicially dismissed under Penal Code section 1203.4.

Do not answer "yes" if your conviction was for misdemeanor marijuana convictions and is more than 2 years old.)

If yes, please explain and also state nature of the crime(s), when and where convicted and disposition of the case:

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(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)

**EDUCATION, TRAINING AND EXPERIENCE:**

School	Name and Address	No. Of Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
University/ College			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Vocational/ Trade/ Business			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
			<b>Dates</b>	<b>Type of Work</b>
Apprenticeship				
Mechanical Experience				

**EMPLOYMENT HISTORY:**

Please list below all of your present and past work experience for the last 10 years, starting with your most recent employer. Please account for all periods of unemployment. If you need additional space, please attach a separate page. You must complete this section even if attaching a resume.

Name of Employer _____				
Address: _____				
No.	Street	City	State	Zip
Type of Business: _____				
Telephone No.: _____		Your Supervisor's Name: _____		
Your Position and Duties: _____				
Date of Employment: From: _____ To: _____				
Starting Salary: _____		Ending Salary: _____		
Reason for Leaving: _____				
May we contact this employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

Name of Employer _____				
Address: _____				
No.	Street	City	State	Zip
Type of Business: _____				
Telephone No.: _____		Your Supervisor's Name: _____		
Your Position and Duties: _____				
Date of Employment: From: _____ To: _____				
Starting Salary: _____		Ending Salary: _____		
Reason for Leaving: _____				
May we contact this employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me to the questions and statements on this application are true and correct. I hereby authorize Goldstein's Bagel Bakery (the "Company") to verify all information on this application. I also authorize my former employers and educational institutions to give Goldstein's Bagel Bakery any information they may have regarding me. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview is intended to create an employment contract between me and the Company. I understand that if employed, and in consideration of my employment, I agree to conform to the rules and regulations of the Company. I also understand if I am applying for a position covered by a union contract, then the union contract will govern my employment, to the extent applicable. If I am not applying for a position covered by a union contract, then every aspect of my employment with the Company shall be on an at-will basis, meaning that I or the Company may terminate my employment at any time, for any reason, with or without cause. I further understand that the Company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline.

\_\_\_\_\_ I further understand and agree that no one other than the President of the Company may modify or change the at-will nature of my employment relationship (if applicable). Any such modifications must be in writing and signed by the President of the Company and me to be effective.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_