

# LA BONBONNIERE BAKE SHOPPES

Employment Application



APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address		Apt./Unit #			How Long Have You Lived Here?				
City		State			ZIP				
Previous Address		Apt./Unit #			How Long Did You Live Here?				
City		State			Zip				
Home Phone		E-mail Address							
Cell Phone		Date available to start			Social Security No.				
Position Applied for									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a disability?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are you in the military?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, status		___Active	___Reserve	___US Veteran	
Gender: ___Female ___Male		Marital Status: ___Single ___Married ___Other			Date Of Birth: ___/___/___				
Emergency Contact (Primary):				Phone #:			Relation:		
Emergency Contact (Secondary):				Phone #:			Relation:		
List The Names Of Relatives Who Presently Work for La Bonbonniere:									
EDUCATION									
Name and City of Last School Attended									
Last Date You Attended School		Last Grade Completed Month/Year			Did You Graduate?				
AVAILABILITY									
Are You Willing To Work Weekends And Holidays? _____ YES _____ NO									
HOURS AVAILABLE	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	___Full Time	
FROM								___Part Time	
TO									
<b>PLEASE COMPLETE OTHER SIDE</b>									
OFFICE USE ONLY:									
EMPLOYEE #				DEPARTMENT#					
I-9 Form Completed:			W-4 Form Completed:			Application Completed:			
Position/Location Hired For:									

**PREVIOUS EMPLOYMENT - BEGIN WITH MOST RECENT EMPLOYER**

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

13	1.35	2.99	1.10
X <u>12</u>	X <u>10</u>	+ <u>13.9</u>	+ <u>.69</u>

9689	.55	2435	63 ÷ 157
- <u>6697</u>	- <u>.59</u>	5467	
		9878	
		+ <u>2345</u>	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_