

Application of Employment



Date: _____

Phone Number: (____) _____

Name: _____

Last Name

First Name

Middle Name

Address: _____

Number

Street

City, State

Zip Code

How did you hear about this position?

Position:

Baker

Driver

Packer

Sanitation

Job:

Full- Time

Part- Time

Previous Employment:

Employers Name:

Dates:

Telephone Number:

Duties:

Do you have Family or Friends working at Slow Dough? YES or NO

Name(s):

Relationship(s):

TWO REFERENCES

Name:	Name:
Job Title:	Job Title:
Telephone:	Telephone:

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct. I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 60 days. If I wish to be considered for employment after this 60 day period, I will reapply. I understand that if I am employed by *Slow Dough* my employment and compensation can be terminated, with or without cause and with or without prior notice.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT _____

DATE _____