## APPLICATION FOR EMPLOYMENT

		I	Bagel Brothers of New York is an Equal Opportunity Employer Please Print Clearly and Complete all Sections as Indicated				TODAY	S DATE
Last Name	First Name	)		Middle	Social Security	No.	Telephone No.	
Permanent Addres	SS			City		_	State	Zipcode
Have you ever wo	orked or attended school under anoth	ner name th	at we need to know				Are you less th	anr Yes
to verify your reco	ords? r Y r N If yes, specify						18 years of age	?r No
			d legal right to work in the United States? r Yes r No					
r Yes r No If yes	s, name	lf	Yes, give date and position applied for					
Have you ever bee	en convicted of a felony? r Yes r	If Yes, with	n respect to each conviction, please state <u>WHEN</u> , <u>WHERE</u> AND <u>WHAT</u>	CHARGE	:			
(Any prior conviction	ion will not necessarily disqualify you AD r DROP-IN r REFERRAL-NA	I from emplo AME r OTH	pyment) HER-SPECIFY					
POSITION APPI Please check:	LYING FOR: FULL TIME r PART-TIME r PER	_	DATE AVAILABLE TO START				MINIMUM WA	
PLEASE SPECII		Tuesday	Wednesday	Thursday	/ Friday	Saturday	Sunday	¬Ť
AND <b>HOURS</b> AV	-	rucsday	Wednesday	marsaaj	Tilday	Catalaay	Gunday	+
and noonon	TO							1
f no, please explai	•	Tomi the es	sential functions of the job(s) for which you are appl				r Yes r No	
			EDUCATION					
	Name and Location of Sch	ool	Major		cle Highest Did yo		ou graduate?	
High School								
College		_			_		_	
Other							_	
(Specify)					_		_	
Trade School								
							_	
ADD'L SKILLS, TF EXTRACURRICUI		race, religio	on, national orgin, gender or disability.					
ACTIVITIES OR H								
ist bolow all proce	ont and pact ampleyment including	colf amplay	EMPLOYMENT HISTORY ment, military and volunteer experience, with most r				May we contact present employ	
Company Name	ent and past employment, including	Address	ment, minusy and volumeer experience, with most i			_	Telephone No.	CIT II IV
Your Job Title, Dut	ties and Responsibilities				Date Started	Date Left	Starting Pay	Ending Pa
Reason for Leavino Why?	g r QUIT r LAYOFF r	DISCHAR	GE	_	l	Supervisor'	's Name and Titl	e
					<del></del>			
Company Name		Address				_	Telephone No.	
Your Job Title, Dut	ties and Responsibilities				Date Started	Date Left	Starting Pay	Ending Pag

If so, when and for how long?\_

3. Do you plan on taking any annual vacations that we should know about?

4. Is there anything that would prevent you from working your scheduled shifts besides illness?

5. What are your strengths and weaknesses?	
6. If hired, how long do you plan on staying at Bagel Brothers Inc? Less than 3 month / 3-6 months / 6 monhts-1 year / Over 1 year	
7. What do you think you could bring to the Bagel Brothers Inc. team?	

Thank you for your employment interest with Bagel Brothers Inc

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