

JOB APPLICATION

Singing Crust
1753 E US HIGHWAY 40, CLAYTON IN 46118
317-539-2183

Singing Crust is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below.

Applicant Information

Name:	
Address:	
Phone Number:	
Email:	
Date of Application:	

Employment Position:

Position(s) applying for: Baker Clerk/FOH Clerk/Farmers Market ANY

Number of hours per week desired: _____

Indicate your availability in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available Hours						

Preferred Shift? overnight early morning midday afternoon

Date available to start? _____

Do you have reliable transportation to and from work? **Yes** **NO**

Wages desired: _____

Personal Information

Are you 18 years of age or older? **YES** **NO**

Are you a U.S. citizen or approved to work in the United States? **YES** **NO**

Do you have a valid driver’s license? **YES** **NO**

Do you have any condition which would require job accommodations? **YES** **NO**

If yes, please describe accommodations required below.

(Note: Singing Crust complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying.

Education and Training

High School			
Name	Location (city, state)	Number of years attended	Degree earned

College/University			
Name	Location (city, state)	Number of years attended	Degree earned

Vocational School/specialized training			
Name	Location (city, state)	Number of years attended	Degree/certificate earned

Previous Employment

Start with most recent.

Employer name:	
Job title:	
Supervisor name:	
Employer address:	
Employer phone:	
Dates employed:	
Reason for leaving:	

Employer name:	
Job title:	
Supervisor name:	
Employer address:	
Employer phone:	
Dates employed:	
Reason for leaving:	

References

Please provide at least one personal or professional reference below:

Reference name	Relationship to applicant	Contact information

Additional Information

Are you able to regularly lift at least 50 lbs? **YES** **NO**

Are you willing to work at an outdoor farmers market? **YES** **NO**

AT-WILL EMPLOYMENT

The relationship between you and Singing Crust is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Singing Crust. You understand that your employment is “at will,” and you acknowledge that no oral or written statements regarding your employment can alter your at-will employment status, except for a written statement signed by you and the company’s sole executive member.

Applicant Signature: _____

Date: _____

Thank you for your application! We will contact you if we would like to invite you for an interview. All other applications will be kept on file in case of future openings.