



Employment Application

207-209 West 1st Street
 Oswego, NY 13126
 Date _____



Name _____ Phone _____ (H) _____ (C)
 Address _____ (permanent)
 _____ (temporary)

Social Security # _____ Email Address _____

How many hours can you work weekly? _____ When are you avail to start? _____

Days/Hours Avail to work (Hours of Operation Mon—Fri 6:30am—9:00pm /Sat 8am-6pm /Sun 8am-5pm)?

Employment Desired (Choose One):

Choose One:

Full -Time Only Part -Time Only Full or Part Time Year Round Seasonally

What is your desired hourly rate? _____ Are you authorized to work in the US? ___Yes___ No

| Monday | Tuesday | Wednesday | Thurs | Friday | Saturday | Sunday |
|--------|---------|-----------|-------|--------|----------|--------|
| | | | | | | |

Education

Are you currently a student at SUNY Oswego? When do you expect to graduate? _____

| Type of School | Name of School | Location | Number of Years Completed | Major & Degree |
|---------------------------|----------------|----------|---------------------------|----------------|
| High School | | | | |
| College #1 | | | | |
| College #2 | | | | |
| Trade/Professional School | | | | |

Background

Are you under 18 years of age? Can you provide proof of your eligibility to work? ___Yes___ No

Have you ever been convicted of a crime? _____ Yes _____ No

Have you ever Applied for a job here? _____ Yes _____ No

Do any of your friend currently or ever work here? If yes, state name/relationship _____

Other than traffic violations, do you have any prior convictions? _____ Yes _____ No

If yes, please explain _____

Have you ever worked in food service before? _____ Yes _____ No

What other skills or experience do you have which might relate to working in a Bakery/Café?

What are your hobbies/Interests? _____

Work Experience

| | |
|--|-------------------------|
| Dates Employed: ___mo ___yr thru ___mo ___yr | Title/Responsibilities: |
| Employer: | |
| Employer's Address: | |
| Supervisor's Name: | Salary/Hourly Rate: |
| Supervisor's Ph#: _____ May we contact? Y/N | Reason For Leaving: |

| | |
|--|-------------------------|
| Dates Employed: ___mo ___yr thru ___mo ___yr | Title/Responsibilities: |
| Employer: | |
| Employer's Address: | |
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| Supervisor's Ph#: _____ May we contact? Y/N | Reason For Leaving: |

References (2 professional/1 personal):

| Name | Phone Number | Relationship | Occupation |
|------|--------------|--------------|------------|
| | | | |
| | | | |
| | | | |

Applicant's Statement:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship Any not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in termination. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____