

LA BON 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 Bon:									
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									
PLEASE COMPLETE OTHER SIDE									
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																																					
Company				Phone																																	
Address				Supervisor																																	
Job Title																																					
Responsibilities																																					
From		To		Reason for Leaving																																	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>																															
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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																															