

## **EMPLOYMENT APPLICATION**

## PLEASE PRINT CLEARLY

APPLICANT INFORMAT	TION									
Last Name			First	First			Date			
Street Address						Apartm	ent/Unit #			
City				State	State			ZIP		
Phone				Alterna	Alternate Phone					
Date Available				•	Des			sired Wage		
Position Applied for										
If hired, can you provide verification of your right to work in the United States?				NO 🗆	Proof of identity and eligibility will be require upon employment					
Have you ever worked for this company?			YES 🗌	NO 🗆	If so, when?					
Do you have any relatives or friends who work for the Company?			YES 🗌	NO 🗆	If so, who?					
Do you have reliable tran	nsportati	on?	YES 🗌	NO 🗌	Are you over the age of 18 years?					
Can you perform the essential functions of			YES 🗌	NO 🗆	If not, please explain:					
the position for which you are applying?		NOTE: if you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.								
Have you ever been convicted of a felony or a misdemeanor within the last seven years?		YES 🗌	□ NO □ If yes, explain							
		NOTE: A conviction will not necessarily result in denial of employment.								
Veteran of the U.S. Military Service?			YES NO If so, branch?							
DAYS AND HOURS AVAILABLE (If employed, I understand that I am required to work the schedule mandated by the company.										
DAY	Sur	nday	Monday	Tues	sday W	ednesday	Thursday	Friday	Saturday	
From:										
То:										
EDUCATION										
EDUCATION			Name and Lo	cation of	ation of School Course of			Number of	'	
								Years Completed	Degree Received	
High School										
College										
Vocational or Trade School										
Graduate Work										
IOD SDECIFIC SVILLS										
JOB SPECIFIC SKILLS  List skills or training you have received that relate to the job you are applying for.										

PROFESSIONAL EXPERIENCE (Start with your present or most recent position. Use an additional sheet of paper if more space is needed).								
May we contact this employer?	YES NO							
Employer		Telephone						
Full Address		Supervisor						
Dates Employed From:		То:						
Rate of Pay Beginning:		Ending:						
Title		Reason for Leaving						
Describe the work performed:								
May we contact this employer?	YES NO							
Employer		Telephone Number						
Full Address		Supervisor						
Dates Employed From:		То:						
Rate of Pay Beginning:		Ending:						
Title		Reason for Leaving						
Describe the work performed:								
May we contact this employer? YES NO								
Employer		Telephone Number						
Full Address		Supervisor						
Dates Employed From:		То:						
Rate of Pay Beginning:		Ending:						
Title		Reason for Leaving						
Describe the work performed:								
PERSONAL REFERENCES (Give at least two references – not relatives - with whom you have known for more than three years).								
Name	Address	Telephone	Occupation					
Name	Address	Telephone	Occupation					
It is the policy of Round Rock Donuts LLC to provide equal employment opportunity to all employees and applicants for employment and not to engage in discrimination against or harassment of any persons employed or seeking employment on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994) as well as state military and naval service. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and separation. IMPORTANT, PLEASE READ AND SIGN: I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I also understand that I may be asked to take a pre-employment drug and background screening and that those results may determine whether or not I am able to begin or continue working with this company.    Date:								
RESULTS: (FOR OFFICE USE ONLY) Hired? YES NO If Yes, Job Title and Department:								
Date Beginning Employment Compensation: \$ per								
Interviewed By:	Date: / /							