



SELMA'S COOKIES EMPLOYMENT APPLICATION

FAX TO: (407) 884-6121

## I. Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Previous Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Referred by: \_\_\_\_\_

Do you know anyone who works for Selma's Cookies? \_\_\_\_\_ If Yes, Who? \_\_\_\_\_

State Age if under 18 years of age: \_\_\_\_\_

Are you related to anyone who works for Selma's Cookies? \_\_\_\_\_

Do you have the legal right to work in the USA? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

If yes, where and disposition: \_\_\_\_\_

Conviction will not necessarily disqualify an applicant, but will only be considered with respect to the specific requirements of the job for which you are applying.

Education: Circle the last year of education you completed:

High School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 13 14 15 16 Grad School: 17 18 19 20

Main Courses of Study \_\_\_\_\_ Degree(s) \_\_\_\_\_

School \_\_\_\_\_ Taking any courses now? \_\_\_\_\_

## II. Job Interest

Classification of Position Applied for: (Circle One) Full Time Part Time Temporary  
Specific Interest: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Starting Wage Expected: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If Yes, May we inquire of present employer? \_\_\_\_\_

Can you work the following? Circle all that apply:

Saturday: Yes No Sunday: Yes No Weekdays: Yes No Holidays: Yes No

Day: Yes No Evening: Yes No Night Hours: Yes No Overtime: Yes No

We are an equal opportunity employer

III. Job History:

READ CAREFULLY: Starting with your present or most recent job, working backwards, account for all time including periods of unemployment. (Include at least 5 year employment history.)

1. Employer's Name: \_\_\_\_\_ Your Position \_\_\_\_\_ Dates \_\_\_\_\_ :

Reason Left: \_\_\_\_\_ Salary \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

2. Employer's Name: \_\_\_\_\_ Your Position \_\_\_\_\_ Dates \_\_\_\_\_ :

Reason Left: \_\_\_\_\_ Salary \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

3. Employer's Name: \_\_\_\_\_ Your Position \_\_\_\_\_ Dates \_\_\_\_\_ :

Reason Left: \_\_\_\_\_ Salary \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

4. Employer's Name: \_\_\_\_\_ Your Position \_\_\_\_\_ Dates \_\_\_\_\_ :

Reason Left: \_\_\_\_\_ Salary \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Any of the above employers we should not contact? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

IV. References

List three people not related to you, whom you have known at least one year.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_

V. General Record

Is there anything that could prevent you from performing any work for which you are being considered?

\_\_\_\_\_

Do you have transportation? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

APPLICANT: PLEASE READ THE STATEMENTS BELOW CAREFULLY

BEFORE SIGNING

In making this application for employment, I authorize an investigative report to be made, including information obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may also include information as to my character, general reputation, and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative report, if one is made. I understand that this application will be considered active only for 90 days. I understand that if I wish to receive consideration for employment after that time, I must reapply or recontact Selma's Cookies in writing and make my request known.

I authorize my current and former employers, and other individuals with whom I am acquainted to give information concerning me, whether or not it is recorded in their records, and release them and their businesses from any liability whatsoever. I certify that all statements given on this application are true, complete and correct, and realize the falsification or misrepresentation on this or any other personnel record may result in my discharge. In the event of my employment, I agree to abide by all present and future rules, regulations, and policies of Selma's Cookies. It is Selma's Cookies policy to prohibit the use of polygraph or any mechanical truth verification examination as a pre-employment screening device or in relation to any employment issue. I understand that I may be employed by Selma's, or any of its affiliated businesses. I also understand that Federal Law requires me to present Proof of Identity and Proof of Employment Authorization prior to commencement of Employment.

I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO FIXED PERIOD OF TIME AND MAY BE TERMINATED BY ME OR SELMA'S COOKIES.

Please be sure you have signed \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your interest and the time you have taken to fill out this application. Thank you!

