

Collin Street Bakery Application for Employment

We are an equal opportunity employer

\_\_\_\_\_  
Last Name Middle Name First Name

\_\_\_\_\_  
Address Number Street City State Zip Code

\_\_\_\_\_  
Telephone Number Social Security number

Are you legally authorized to work in the United States? \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ **Conviction is not an automatic bar to employment.**

If yes, describe \_\_\_\_\_

EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School _____			

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Trade School \_\_\_\_\_

MILITARY SERVICE

Branch Served \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Career Field \_\_\_\_\_

Are you Bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please list Languages you speak fluently \_\_\_\_\_

Have you ever applied with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Give Dates \_\_\_\_\_

Have you ever been employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Give Dates \_\_\_\_\_

Do you have relatives working here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s), relationship(s) \_\_\_\_\_

Please check the position(s) you are applying for: (Office and Call Center positions require typing tests)

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Office      | <input type="checkbox"/> Production | <input type="checkbox"/> QC Inspection |
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Ovens      | <input type="checkbox"/> Sanitation    |
| <input type="checkbox"/> Mail Table  | <input type="checkbox"/> Dumping    | <input type="checkbox"/> Maintenance   |
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Pan Wash   | <input type="checkbox"/> Warehouse     |
| <input type="checkbox"/> Mixing      | <input type="checkbox"/> Wrapping   | _____ Other                            |

Specialized Skills (Skills/Equipment operated)		Production / Mobile Machinery (List)	Other (List)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> 10 Key	_____	_____

Additional information: Summarize special job-related skills and qualifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WORK EXPERIENCE

List last 3 jobs

Employer \_\_\_\_\_ Work Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address / Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Work Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address / Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Work Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address / Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What days/hours are you available to work?

Days (include hours) \_\_\_\_\_

Nights (Include hours) \_\_\_\_\_

Any hours/weekends included \_\_\_\_\_

PERSONAL / PROFESSIONAL REFERENCES (List 3)

Do not include family members

Name

Phone Number

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ Yes \_\_\_\_\_ No

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an 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 I may resign at any time and the Employer may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active until the end of December of the current year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

In case of emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_



(Ponga una (X) en el puesto(s) que solicita) Please check the position(s) you are applying for: ( Es importante hablar en inglés por la Oficina, el Correo y los Telefonos, tambien, el requisito es un examen con la máquina de escribir. )  
 Call Center and Office positions require a typing test.

<input type="checkbox"/> Office (Oficina)	<input type="checkbox"/> Production (Produccion)	<input type="checkbox"/> QC Inspection (Inspeccion)
<input type="checkbox"/> Call Center (Telefonos)	<input type="checkbox"/> Ovens (Hornos)	<input type="checkbox"/> Sanitation (Limpieza)
<input type="checkbox"/> Mail Table (Correo)	<input type="checkbox"/> Dumping	<input type="checkbox"/> Maintenance (Mantenimiento)
<input type="checkbox"/> Retail (Revender)	<input type="checkbox"/> Pan Wash	<input type="checkbox"/> Warehouse (La Bodega)
<input type="checkbox"/> Mixing (Mezclando)	<input type="checkbox"/> Wrapping (Envolver)	<input type="checkbox"/> Other (Otra)

(Habilidad Especial / Operador de Maquinaria) Special Skills / Equipment Operated

		(Maquinaria) Machinery	(Otra) Other
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> 10 Key	_____	_____

(Provea un resumen de habilidad especial) Summarize special job-related skills and qualifications

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(EXPERIENCIA DE TRABAJAR) WORK EXPERIENCE

(Proveo los tres empresarios pasado) List last 3 jobs

(Empresario) Employer _____	(Enliste sus Actividades) Work Performed _____
(Fechas en Que Fue Empleado) Dates Employed From _____ To _____	
(Direccion / Telefono) Address / Telephone _____	
Supervisor _____	
(Razon de su Salida) Reason for Leaving _____	

(Empresario) Employer _____	Work Performed _____
(Fechas en Que Fue Empleado) Dates Employed From _____ To _____	
(Direccion / Telefono) Address / Telephone _____	
Supervisor _____	
(Razon de su Salida) Reason for Leaving _____	

(Empresario) Employer _____	Work Performed _____
(Fechas en Que Fue Empleado) Dates Employed From _____ To _____	
(Direccion / Telefono) Address / Telephone _____	
Supervisor _____	
(Razon de su Salida) Reason for Leaving _____	

(Si Usted Es Contratado, Que Dias/Horario Tiene Disponible Para Trabajar)  
If You Are Hired, What Days/hours Are You Available To Work?

\_\_\_\_Dias (Que Hora a Que Hora) Days, Include Hours\_\_\_\_\_

\_\_\_\_Tardes (De Que Hora A Que Hora) Nights, Include Hours\_\_\_\_\_

\_\_\_\_(Qualquier Horario/incluyendo Fines De Semana)  
Any Hours/Weekends Included\_\_\_\_\_

(PROVEO TRES REFERENCIAS, **NO FAMILIA**) PROVIDE THREE REFERENCES  
**Do not include family members**

(Nombre) Name

(Telefono) Phone Number

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Aviso a Solicitante: **NO CONTESTE ÉSTA PREGUNTA AL NO SER QUE YA FUE INFORMADO DE LOS REQUISITOS DEL EMPLEO QUE ESTA SOLICITANDO.**

Puede usted desempeñar en una manera razonable con o sin sitio rosanable las actividades que requiere el empleo o trabajo por el cual usted esta solicitando. Un reviso de las actividades que envuelve este empleo ya han sido dades.

\_\_\_\_Si \_\_\_\_No

Declaración del Solicitante

Yo declaro que las respuestas dadas aquí son verdaderas y están completas.

Yo autorizo la investagación hasta donde sea necesario de todas las declaraciones contenidas en esta solicitud de empleo para poder llegar a una decisión para tal empleo.

Yo entiendo y comprendo que al no ser definido por ley aplicada cualquier relación de empleo con esta organización es en su naturaleza "de voluntad". Esto quiere decir que a cualquier tiempo puedo terminar mi empleo o el empresario puede despedirme con o sin causa. Ademas se entiende que esta relación "de voluntad" no puede ser cambiada por ningun documento o conducta al no ser que tal cambio sea especificamente confirmado por escrito por un ejecutivo autorizado de esta empresa.

In caso de empleo, entiendo que información falsamente dada o implicada en mi solicitud o entrevistas puede resultar en mi despedida. También entiendo que se me requiere que las reglas y requisitor del empresario.

Esta solicitud de empleo se considera activa hasta el fin del mes de Diciembre del año presente. Cualquier solicitante que desea ser considerado para empleo despues de esa fecha necesita preguntar si solicitudes estan siendo aceptadas a ese tiempo

\_\_\_\_\_  
Firma de Solicitante

\_\_\_\_\_  
Fecha

Encaso de emergencia comuniqua a:

Nombre \_\_\_\_\_ Relación \_\_\_\_\_

Teléfono \_\_\_\_\_ Domicilio \_\_\_\_\_

