

Fancy That Café Bakery Takery, Norman, Oklahoma

EMPLOYMENT APPLICATION

STUDENTS INCLUDE SCHOOL SCHEDULE

An Equal Opportunity Employer

The Law prohibits discrimination in employment because of sex, race, color, age, religion, national origin, disability or veteran status.

PERSONAL

LAST NAME	FIRST	MIDDLE	SS NUMBER
HOME STREET ADDRESS			HOME PHONE NUMBER
CITY	STATE	ZIP	LENGTH OF TIME AT PRESENT ADDRESS

YES NO Are you of minimum age to work in this state? YES NO Are you legally authorized to work in the United States?

<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a valid driver's license in this state?	License No.
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POSITION

Position Applied For:	Pay Desired:
Number of hours per week you can work	Date available for work
What hours are you available to work on the following days?	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	

EDUCATION

High School Name and Location	did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	Date degree or equivalent received:
College or University		
Other (Trade or Vocational Schools, etc.)		

MILITARY

Branch of service	Period of Active Duty:	Rank at Discharge:
Describe Duties or Training		

INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been fired, discharged, or asked to Resign from any job within the last five years?	If yes, state reason:
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a crime?	If yes, give details. (A conviction will not necessarily bar you from employment.)
How many days have you been absent from scheduled work in the past year?	

EXPERIENCE (List employment history for at least three jobs held, beginning with present or most recent employer.)

Company Name	Dates of Employment (Month/Year) From: _____ To: _____		Eligible for Rehire __ YES __ NO	
Address	City	State	Zip	
Last Position Held	Supervisor	Supervisor's Phone #	Last Wage / Salary /HR / /MO	
Reason for Leaving				

Company Name	Dates of Employment (Month/Year) From: _____ To: _____		Eligible for Rehire __ YES __ NO	
Address	City	State	Zip	
Last Position Held	Supervisor	Supervisor's Phone #	Last Wage / Salary /HR / /MO	
Reason for Leaving				

Company Name	Dates of Employment (Month/Year) From: _____ To: _____		Eligible for Rehire __ YES __ NO	
Address	City	State	Zip	
Last Position Held	Supervisor	Supervisor's Phone #	Last Wage / Salary /HR / /MO	
Reason for Leaving				

REFERENCES

1. Name	Area Code and Phone Number		Occupation	
Address	City	State	Zip Code	

2. Name	Area Code and Phone Number		Occupation	
Address	City	State	Zip Code	

3. Name	Area Code and Phone Number		Occupation	
Address	City	State	Zip Code	

I certify that the answers given by me to all questions on this application are, to the best of my knowledge and belief, true and correct without any reservations of any kind whatsoever. I further understand that any misrepresentation or omissions of facts called for hereon will be sufficient for dismissal.

I understand that, where permitted by law, D. R. Allen Inc. and its respective agents and those retained by them may obtain a consumer report or reports as well as an investigative consumer report or reports on me and may make inquiries about my academic and employment history, and any other job related information including but not limited to education, prior employment and job performance and military record. I authorize the company to obtain such reports for use in connection with my application for employment and for other employment-related reasons. I understand that the term "consumer report" includes, but is not limited to credit checks, criminal background checks, and department of motor vehicles reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my friends, neighbors, associates or with others whom I am acquainted or whom may have knowledge concerning such items of information. I authorize and request each person, former employer, corporations, companies, credit reporting agencies, educational institutions, law enforcement agencies and military services to answer any and all questions that may be asked about me and to give any and all information that may be sought in connection with this application, or concerning me or my work habits, character or skills. I hereby release said individuals and/or entities from any and all liability, of whatever nature for doing so. I further release the Company and their respective officers, employees, representatives and agents from any and all liability, of whatever nature, resulting from any request for such information

Date

Signature