



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!

