



2264 M-119, Petoskey, MI 49770 231-347-9574

APPLICANT NAME:	DATE:		
Address:			
City:	State:	Zipcode:	
Phone: (mobile):	(land-line):		
Email:	Best time to reach you:		
Date of Birth:			
<i>Applicants under 18 years of age will be required to provide a work permit if chosen for the position.</i>			
Do you have reliable transportation to and from work? YES NO			
Driver's License Number:		State:	
How is your driving record? Clean Fair Not Good			
Are you legally eligible for employment in the United States? YES NO			
Have you ever been convicted of a felony? NO YES: Please explain below			
POSITION APPLIED FOR:			
Who can we thank for referring you to our company?			
Have you applied here previously? NO YES (Date of previous application)			
SHIFT(S) AVAILABLE/WILLING TO WORK: Early Morning Daytime Nights Weekends			
Limitations for shift availability:			
How soon could you start working here if offered the job?			
Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodation? WITHOUT WITH: Please elaborate below with reasonable accommodations required for this job			
EDUCATION & TRAINING			
HIGH SCHOOL NAME & CITY, STATE:			
Last Grade Completed: 9 10 11 12 Diploma GED			
COLLEGE NAME & CITY, STATE:			
Did you graduate/obtain a degree?		Degree obtained:	
Area(s) of study/degree major:			
VOCATIONAL/OTHER TRAINING: List name of institution & degree(s) or certification(s) obtained:			
MILITARY: Branch of Service		Years Served:	
Training acquired:			

EMPLOYMENT HISTORY: List most recent employment first

Employer Name:	Dates employed here:
Address:	City/State/Zip
Job duties & responsibilities:	
Supervisor Name:	Wage:
Best part of the job:	
Worst part of the job:	
Reason(s) for leaving:	
Employer Name:	Dates employed here:
Address:	City/State/Zip
Job duties & responsibilities:	
Supervisor Name:	Wage:
Best part of the job:	
Worst part of the job:	
Reason(s) for leaving:	
Employer Name:	Dates employed here:
Address:	City/State/Zip
Job duties & responsibilities:	
Supervisor Name:	Wage:
Best part of the job:	
Worst part of the job:	
Reason(s) for leaving:	

Please list any **AWARDS, HONORS, SPECIAL ACHIEVEMENTS** you've received:

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SKILLS

List any skills that may be useful for the job you are seeking & rate your skill level accordingly (1=low 5=high)

Ability or Skill	Years of Experience	1	2	3	4	5

REFERENCES

Please list three people, not related to you, who we can contact for a reference for you.

NAME:	Relationship:
Address:	City/State/Zip:
Telephone: (cell)	(land-line)
Email:	
NAME:	Relationship:
Address:	City/State/Zip:
Telephone: (cell)	(land-line)
Email:	
NAME:	Relationship:
Address:	City/State/Zip:
Telephone: (cell)	(land-line)
Email:	

It is the policy of Crooked Tree Breadworks Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

PLEASE READ CAREFULLY & SIGN BELOW

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information can be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Crooked Tree Breadworks Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be entirely “at-will” in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Crooked Tree Breadworks Inc., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the “at-will” nature of the employment relationship.

I have carefully read, understood, and agree to the terms listed above concerning my potential employment with Crooked Tree Breadworks, Inc.

APPLICANT SIGNATURE

DATE

Please drop off or send to the address at the top of this application, or attach and e-mail to breadhead@breadworks.com, or fax to 231-347-1614.