

Desired Department: _____

Position Desired: _____

How did you hear of this position? Please circle one:

Job search Newspaper School Social Media Family/Friend: _____



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you authorized to work in the U.S.? YES ☐ NO ☐

DISCLAIMER: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Bread & Cie participates in E-Verify.

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Position Desired _____

Date you Can Start _____

Preferred Total Hours Per Week _____

Your Availability:

It is your responsibility to notify your supervisor should any availability change. Your employment is subject to your availability to work certain hours.

**Availability for weekends and holidays is required.*

Shifts you CAN work	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Education

Completed Training. Food Handler Card: ☐ Yes ☐ No

CA Responsible Beverage Service: ☐ Yes ☐ No

College/Location _____ # of years attended _____ Degree _____

Other Training or Certifications: _____

Professional References (not family)

Full Name: _____ Work Relationship: _____

Company: _____ Business Phone: _____

Address: _____

Full Name: _____ Work Relationship: _____

Company: _____ Business Phone: _____

Address: _____

Applicant and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that the safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature below attests to the fact that i have read, understand, and agree to all of the above terms.

Signature: _____ Full Name (print): _____ Date: _____