



THE ROLLING PIN

1387 ROUTE 25A
SETAUKET NY 11733
Phone: (631) 689- BAKE

www.rollingpinbakery.com

APPLICATION FOR EMPLOYMENT

NAME: _____

ADDRESS: _____

PHONE #: _____ SOCIAL SECURITY #: _____

POSITION APPLIED FOR: _____ FULL or PART TIME (circle one)

Special Training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

On what date would you be available for work: _____ Have you been employed here? Yes / No

Are you legally eligible for employment in the United States? (If Yes, proof is required if hired) Yes / No

If you are under 18 years old, can you provide a work permit if required? Yes / No

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes / No / Need more information about the job's essential functions

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you even pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes / No

If yes, please provide date and details: _____

EDUCATION BACKGROUND

High School: _____ Location: _____

Course of study: _____ Did you graduate? Yes / No

College: _____ Location: _____

Course of study: _____ Did you graduate? Yes / No Degree: _____

Graduate School: _____ Location: _____

Course of study: _____ Did you graduate? Yes / No Degree: _____

Vocational Training/Other: _____ Location: _____

Course of Study: _____ Did you graduate? Yes / No Degree: _____

Continuing education: _____

EMPLOYEE EXPERIENCE

List your most recent employer first. Place an "X" next to the phone number of the employer(s) you do not want us to contact.

Employer: _____ **Contact Name:** _____

Address: _____ **Phone #:** _____

Job title: _____

Dates employed: from (mm/yy) _____ to (mm/yy) _____ **Hourly rate/salary:** starting _____ final _____

Reason for leaving : _____

Employer: _____ **Contact Name:** _____

Address: _____ **Phone #:** _____

Job title: _____

Dates employed: from (mm/yy) _____ to (mm/yy) _____ **Hourly rate/salary:** starting _____ final _____

Reason for leaving : _____

Employer: _____ **Contact Name:** _____

Address: _____ **Phone #:** _____

Job title: _____

Dates employed: from (mm/yy) _____ to (mm/yy) _____ **Hourly rate/salary:** starting _____ final _____

Reason for leaving : _____

ANTI-DISCRIMINATION CLAUSE

This company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration. This company takes all harassment complaints seriously and investigates each one promptly and thoroughly.

APPLICANT STATEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the company's rules and regulation, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, the agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature: _____ **Date:** _____