



11719 Manchester Rd Des Peres, MO 63131 Ph/Fax (314) 909-6506 Pjudd@thedailybreadcafe.com

Application for Employment

ABOUT YOU

Name _____ Nickname _____

Social Security No: _____ - _____ - _____ Home Phone _____ Message Phone _____

Street Address _____ City _____
State _____ Zip _____

Mailing Address _____ City _____
State _____ Zip _____

If you listed a message phone above, how often do you check for messages?

Do you have reliable transportation to meet any scheduled shift?

Can you read at a 6th grade level? _____ Have you been convicted of a felony? _____ If yes, give details on last page.

Have you ever worked for us before? _____ If so, under what name? _____

Do you have any friends or relatives working for us? _____ Who? _____

Can you provide proof that you are over 18 years old? _____

Do you have a valid driver's license? _____ Class _____ State _____ License No. _____

Have you had any accidents or moving violations in the past three years? _____ If yes, please provide details on last page.

ABOUT YOUR WORK EXPERIENCE

(PLEASE START WITH YOUR MOST RECENT POSITION) Resume Attached? YES NO

COMPANY _____

Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary:
\$ _____ per _____

Supervisor's Name _____ Position _____

Phone _____

Superior's Name _____ Position _____

Phone _____

Co-worker's Name _____ Position _____

Phone _____

Co-worker's Name _____ Position _____

Phone _____

Subordinate's Name _____ Position _____

Phone _____

Subordinate's Name _____ Position _____

Phone _____

Major Responsibilities and Accomplishments:

COMPANY _____ Mo/Yr Hired _____

_____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$_____ per _____ Final Salary:
\$_____ per _____

Supervisor's Name _____ Position _____
Phone _____

Superior's Name _____ Position _____
Phone _____

Co-worker's Name _____ Position _____
Phone _____

Co-worker's Name _____ Position _____
Phone _____

Subordinate's Name _____ Position _____
Phone _____

Subordinate's Name _____ Position _____
Phone _____

Major Responsibilities and Accomplishments:

MORE ABOUT YOUR WORK EXPERIENCE

COMPANY _____ Mo/Yr Hired _____
Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary:
\$ _____ per _____

Supervisor's Name _____ Position _____
Phone _____

Superior's Name _____ Position _____
Phone _____

Co-worker's Name _____ Position _____
Phone _____

Co-worker's Name _____ Position _____
Phone _____

Subordinate's Name _____ Position _____
Phone _____

Subordinate's Name _____ Position _____
Phone _____

Major Responsibilities and Accomplishments:

ABOUT YOUR EDUCATION

HIGH SCHOOL _____ City _____ State
_____ Graduated? _____

No. Yrs. Completed _____ Major _____ Verification Phone
(____) _____

COLLEGE _____ City _____ State
_____ Degree _____

No. Yrs. Completed _____ Major _____ Verification Phone
(____) _____

GRAD SCHOOL _____ City _____ State
_____ Degree _____

No. Yrs. Completed _____ Major _____ Verification Phone
(____) _____

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

OTHER COMMENTS

Why would you be a good choice for this position?

□ □ □ □ □

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature _____ Print Name _____
Date _____