

Jawor Brothers Country Store

EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, sexual orientation, national origin, age, marital status, or non job-related disability.

First Name	Middle	Last Name
Home Phone #	Cell Phone #	E-mail Address
Are you at least 16 years of age?	Yes No	
Proof of age may be required to en	sure compliance with laws concern	ning the employment of minors.
Current Address		
Language of Familiarity: Engl	lish Spanish	Other
Do you have current unrestricted a	uthorization to work in the United	States? Yes No
Have you worked for this company	y before? Yes No If yes, w	/hen?
Do you know anyone currently	working for this company? If ye	es, please name the individual(s)

Experience and Qualifications-Other

List any experience that may help in your work for Jawor Brothers Country Store

Do you have any previous retail/bakery experience? If so, please describe:

Previous Employer			Dates
Name:			From: Mo Yr To: Mo. Yr.
Address:			Position Held:
City:	State:	Zip:	Reason for Leaving:
Contact:	Phone #:	·	Currently Employed: Yes No

Applicant Statement

<u>AFFIRMATION</u>. I affirm that the information provided on this application is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

<u>AUTHORIZATION/RELEASE</u>. I authorize the Company to investigate all statements contained in this application, to contact my previous employers and educational institutions I attended, and to discuss my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion. I release the Company and such disclosing parties from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

<u>ACCOMMODATIONS</u>. I also understand that if I have a protected disability that affects my ability to perform the essential job functions of the job I seek or my ability to complete this application, I may ask the Company to attempt to make a reasonable accommodation for it.

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

Applicant Signature

Date