

Employment Application

Applicant Information

| | | | Λþ | Jiicant iiii | Officialion | | | | | | |
|---------------|------------------|---------------------|-------------------------|--------------|--------------------------------|--------------------|---------------------------------|-------|------|----|--|
| Full Name: | | | | | | | Date: | | | | |
| Address: | First | | | M.I. | | | Last | | | | |
| | Street Address | 5 | | | | | Apartment/Unit # | | | | |
| | City | | | | | | State | 2// | Code | | |
| Phone: | (|) | | E-r | nail Addres | SS: | State | e zir | Code | | |
| Date Availa | able: | | Dates Not Available: | | | Desired Salary: \$ | | | | | |
| Position Ap | plied for: | | | | | | | | | | |
| Are you a c | citizen of the U | Inited States? | YE C | | If no, are you au If so, when? | | authorized to work in the U.S.? | | | NO | |
| Have you e | ever worked fo | r this company? | YE C | | | | | | | | |
| Have you e | ver been con | victed of a felony? | YE T | S NO | | | | | | | |
| If yes, expla | ain: | | | | | | | | | | |
| | | | | Educat | ion | | | | | | |
| | | | | | | | | | | | |
| High Schoo | ol: _ | | | _ Address | YES | NO | | | | | |
| From: | | To: | Did you | graduate? | | | Degree: | | | | |
| College: | | | | _ Address | : YES | NO | | | | | |
| From: | | To: | Did you | graduate? | | | Degree: | | | | |
| Other: | | | | _ Address | : | NO | | | | | |
| From: | | To: | Did you | graduate? | | | Degree: | | | | |
| Diagon list | throe Drofoe | oional Deferences | | Referen | ces | | | | | | |
| | | sional References | S . | | Dalatiana | | | | | | |
| Full Name: | | | | | Relations | snip: _ | DI . | | | | |
| Company: | | | | | | | _ Phone: | _() | | | |
| Address: | | | | | | | | | | | |
| Full Name: | | | | | Relations | ship: _ | | | | | |
| Company: | | | | | | | Phone: | () | | | |
| Address: | | | | | | | | | | | |
| Full Name: | | | | | Relations | ship: _ | | | | | |
| Company: | | | | | | | _ Phone: | () | | | |
| Address: | | | | | | | | | | | |



Employment Application

| | | Previous Employme | nt | | | |
|-----------------------|--------------------------------|---------------------|--------------|----------|----------------|----|
| Company: | - | | _ Phone: | _(|) | |
| Address: | | | Sup | ervisor: | | |
| Job Title: | | Starting Salary: | \$ | | Ending Salary: | \$ |
| Responsibilities: | | | | | | |
| From: | To: | Reason for Leaving: | | | | |
| May we contact your | previous supervisor for a refe | rence? | NO | | | |
| Company: | | | _ Phone: | |) | |
| Address: | | | Sup | ervisor: | | |
| Job Title: | | Starting Salary: | \$ | | Ending Salary: | \$ |
| Responsibilities: | | | | | | |
| From: | To: | Reason for Leaving: | | | | |
| May we contact your | previous supervisor for a refe | rence? | NO | | | |
| Company: | | | _ Phone: | |) | |
| Address: | | | Sup | ervisor: | | |
| Job Title: | | Starting Salary: | \$ | | Ending Salary: | \$ |
| Responsibilities: | | | | | | |
| From: | To: | Reason for Leaving: | | | | |
| May we contact your | previous supervisor for a refe | rence? | NO | | | |
| | | Military Service | | | | |
| Branch: | | | Fro | om: | To: _ | |
| Rank at Discharge: | | Туре | of Discharge | e: | | |
| If other than honorab | le, explain: | | | | | |

Availability

How many hours would you like to work each week?

Please complete the Schedule Availability Worksheet on the next page...



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Please place an "X" in the boxes that correspond to shifts you are NOT available to work:

| Day> | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--------|--------|---------|-----------|----------|--------|----------|
| Shift Hrs | | | | | | | |
| 9am – 4pm | | | | | | | |
| 4pm – 9pm | | | | | | | |
| 8pm – Mid (Su – We) 8pm – 4am (Th – Sa) | | | | | | | |

Driver License and Insurance Information (Delivery Driver and Management Applicants Only)

Crooked Crust Delivery Drivers must have a 2-year- current license in the state in which they are to be based to deliver our products. You must provide us with a copy of your current license, plus a copy of proof of insurance for the vehicle that you will use for delivery. The delivery driver must be named specifically on the proof of insurance. We will run a pre-employment Motor Vehicle Report and criminal background check on ALL applicants being considered. The Motor Vehicle Report should be free of the following violations:

- License revoked or suspended due to moving violation; Reckless driving; Speed in excess of 25 mph over posted limit; Criminal convictions; Driving without a license; Failing to report an accident or making false report to authorities; Driving under the influence of drugs / alcohol; Open container violation; Driver cannot have more than one moving violation per year in the past 3 years, or more than one accident in the past 3 years.

| Driver License: | State: | Insurance Company: |
|-----------------|----------|---------------------|
| DL: | | Name Insured: |
| Name: | | Vehicle(s) Insured: |
| Address: | | Policy # |
| | | Expires: |
| DOB: | Expires: | |
| CLASS: | REST: | |

Authorization and Signature (ALL Applicants must sign)

I certify that my answers are true and complete to the best of my knowledge

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| Signature: | Date: | |
|------------|-------|--|
| | | |