

Please email completed application to FL0010@parlordoughnuts.com



Application for Employment

Thank you for your interest in employment with **Parlor Doughnuts**. Please complete all sections of the application form so that your qualifications may be fully considered. It is the policy of **Parlor Doughnuts** to be in full compliance with all applicable federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, color, sex, religion, disability, age, national origin, veteran status, or any other category protected under federal, state or local law.

Position Desired: _____ Desired Location: _____ Date Available: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Cell Phone: () _____ Other Phone: () _____

Email Address: _____ Salary desired: _____

If records are in another name(s), please list: _____

Are you 18 years of age or older? (Individuals who are 14 – 17 years of age may be required to provide a work permit.)

____ Yes ____ No

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.)

____ Yes ____ No If no, please explain: _____

How did you learn about this position? ____ Ad ____ Website ____ Individual Please identify specifics: _____

I am seeking (check all that are applicable):

- ☐ Full-time
- ☐ Part-time

I am willing to work (check all that are applicable):

- ☐ Days
- ☐ Evenings
- ☐ Rotating Shifts
- ☐ Weekends
- ☐ Overtime

If you need to work around another schedule (e.g. school), please provide any details that need to be coordinated/considered:

Education

School	Name, City, State	Circle Last Year Completed	Degree		Course of Study
			Yes	No	
High School		9 10 11 12			
Business / Vocational School		9 10 11 12			
College – Undergraduate		1 2 3 4			
Graduate School		1 2 3 4			
Other		1 2 3 4			
Internships					

Professional Data (if applicable) Licensure, Certification, and/or Registration

Type	Registration / Certification / License Number	State(s)	Expiration Date

Computer/Technology Skills

On a scale of 0 – 5, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise with the following:

_____ Word _____ Excel _____ PowerPoint _____ Gmail _____ Google _____ Twitter _____ Instagram _____ Facebook

Indicate any other technology skills you possess that would be applicable for the position, including Point of Sale (POS) systems:

Skills and Qualifications

Summarize special skills/qualifications or other experience that may qualify you to work **Parlor Doughnuts**. (Exclude those which indicate race, color, sex, religion, disability, age, national origin, or any other protected category.)

Do you speak a second language? _____ Yes _____ No If yes, please list: _____

Employment History

Beginning with your current / most recent employment, please complete the section below in full. Incomplete information could disqualify you from further consideration.

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)
Address: _____ City / State / Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ May we contact? ____ Yes ____ No
Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)
Address: _____ City / State / Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ Email: _____
Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)
Address: _____ City / State / Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ Email: _____
Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)
Address: _____ City / State / Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ Email: _____
Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Have you ever been discharged from a position or asked to resign from a position in lieu of being discharged? ____ Yes ____ No

If yes, please explain: _____

Professional References

List individuals who can provide information about your employment, volunteer activities, or professional experiences (do not list relatives). Please do not list supervisors who have already been identified on the previous page.

Name: _____ Company: _____

Occupation / Relationship: _____ Number of Years Known: _____

Phone Number: _____ Email: _____

Name: _____ Company: _____

Occupation / Relationship: _____ Number of Years Known: _____

Phone Number: _____ Email: _____

Name: _____ Company: _____

Occupation / Relationship: _____ Number of Years Known: _____

Phone Number: _____ Email: _____

Applicant Certification and Agreement

In exchange for the consideration of my job application by **Parlor Doughnuts**, ("the Company"), I agree that:

_____(initials) Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations, and I understand that Company reserves the right to change wages, hours and working conditions as deemed necessary.

_____(initials) I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others about me as deemed appropriate by the Company, and hereby release the Company from any liability as a result of such contract.

_____(initials) I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

_____(initials) I have read and reviewed the information provided in this application and the above statements. I certify that the facts and information set forth in this application, are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume and any attachments (or on any required document) will be cause for denial of employment or termination of employment, regardless of when or how it was discovered.

Signature: _____ Printed Name: _____ Date: _____