



EDUCATION

Name	City, State	Last Year Completed	Degree Yes/No	Course of Study
High School				
Business or Vocational School				
College – Undergraduate				
Graduate School				
Other				
Internships				

PROFESSIONAL DATA (IF APPLICABLE)

Licensure, Certification, and/or Registration

Type	Registration/Certification/License Number	State(s)	Exp 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 at 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.

1	Company	Job Title	From (mo/yr)	To (mo/yr)
	Address	City/State/Zip	Final Salary	
	Supervisor	Phone Number	May We Contact Yes No	
	Duties			
	Reason For Leaving	Amount of Notice Given		

2	Company	Job Title	From (mo/yr)	To (mo/yr)
	Address	City/State/Zip	Final Salary	
	Supervisor	Phone Number	May We Contact Yes No	
	Duties			
	Reason For Leaving	Amount of Notice Given		

3	Company	Job Title	From (mo/yr)	To (mo/yr)
	Address	City/State/Zip	Final Salary	
	Supervisor	Phone Number	May We Contact Yes No	
	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.

1	Name	Company
	Occupation/Relationship	Number of Years Known
	Phone Number	Email
2	Name	Company
	Occupation/Relationship	Number of Years Known
	Phone Number	Email
3	Name	Company
	Occupation/Relationship	Number of Years Known
	Phone Number	Email

APPLICANT CERTIFICATION AND AGREEMENT

In exchange for the consideration of my job application with the Company, I agree that:

(initials) I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations, and I understand the 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