



# APPLICATION FOR EMPLOYMENT

TODAY'S DATE: \_\_\_\_\_

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

DONUT FRIEND is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

DONUT FRIEND IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, BOTH THE EMPLOYER AND EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

## PERSONAL DATA

NAME	POSITION SOUGHT		
ADDRESS	CITY	STATE	ZIP
PHONE	SOCIAL SECURITY NUMBER		
EMAIL	LOCATION PREFERENCES		

When are you available to start work? \_\_\_\_\_

Are you willing to work at other locations besides the one you specified above (circle one)? YES NO

Are you legally authorized to work in the United States without limitation? YES NO

Are you available to work full-time? YES NO

Are at least 18 years of age? YES NO

Are you willing to work over-time? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain:

## EDUCATION

HIGH SCHOOL	CITY/STATE	YEARS COMPLETED	GRADUATE?	
COLLEGE	CITY/STATE	YEARS COMPLETED	GRADUATE?	FIELD OF STUDY
POST COLLEGE/TRADE	CITY/STATE	YEARS COMPLETED	GRADUATE?	FIELD OF STUDY

Honors Received:



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## WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

COMPANY #1 CITY/STATE PHONE POSITION HELD START DATE / END DATE

SUPERVISOR'S NAME MAY WE CONTACT?

REASON FOR LEAVING

COMPANY #2 CITY/STATE PHONE POSITION HELD START DATE / END DATE

SUPERVISOR'S NAME MAY WE CONTACT?

REASON FOR LEAVING

COMPANY #3 CITY/STATE PHONE POSITION HELD START DATE / END DATE

SUPERVISOR'S NAME MAY WE CONTACT?

REASON FOR LEAVING

Have you ever been terminated or asked to resign from any job? YES NO

Has your employment ever been terminated by mutual agreement? YES NO

Have you ever been given the choice to resign rather than be terminated? YES NO

If you answered yes to any of the above, please explain:

**WORK EXPERIENCE (CON'T)**

Which of your previous jobs taught you the most, and why?

Which of your previous jobs are you the most proud of, and why?

How will your next job need to be different in order to make it interesting/challenging for you?

How do **you** define hospitality?

Please rank yourself on a scale of 1 to 10 in the following areas:

\_\_\_\_\_ Customer Service

\_\_\_\_\_ Problem Solver

\_\_\_\_\_ Team Player

\_\_\_\_\_ Attention to Detail

\_\_\_\_\_ Speed of Work

\_\_\_\_\_ Cleanliness

\_\_\_\_\_ Quality of Work

\_\_\_\_\_ Initiative



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## REFERENCES

Please list the names of additional **work-related** references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME POSITION COMPANY RELATIONSHIP PHONE

NAME POSITION COMPANY RELATIONSHIP PHONE

NAME POSITION COMPANY RELATIONSHIP PHONE

NAME POSITION COMPANY RELATIONSHIP PHONE

Please list the names of **personal** references (not previous employers or relatives) who know you well that we may contact.

NAME POSITION COMPANY RELATIONSHIP PHONE

NAME POSITION COMPANY RELATIONSHIP PHONE

NAME POSITION COMPANY RELATIONSHIP PHONE

NAME POSITION COMPANY RELATIONSHIP PHONE

## AVAILABILITY

Please indicate any times you are **not** available to work in the table below:

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							



# APPLICATION FOR EMPLOYMENT

## APPLICATION CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

(continued next page)



## **APPLICATION FOR EMPLOYMENT**

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I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

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APPLICANT SIGNATURE

DATE