



Application for Employment

Name (Last Name First) _____ Social Security no. _____

Present address _____ Apt. No. ____ City _____

State _____ Zip _____

Permanent address _____ Apt No. ____ City _____

State _____ Zip _____

Phone# _____ Cellphone # _____ email _____

Are you 18 years or older? __Yes__ No Are you legally authorized to work in the US? __Yes__ No

Emergency contact Name: _____ phone _____

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you employed? __Yes__ No if so, may we inquire of your present employer? __Yes__ No

Ever applied to this company before? __Yes__ No Where? _____ When? _____

Education History

School Level	Name and Location of School	No. of Years attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General information

Subjects of Special Study/Research or Special Training/Skills _____

U.S. Military or Naval Service _____ Rank _____

Former Employers (List below last four employers, starting with last one first)

Date, month and year	Name & address of employer	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				
From: To:				

References Give below the name of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

Have you ever been convicted of plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? Yes No

If so, explain _____

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal.”

“I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.”

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

“This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

Date_____ Signature_____

Do not write Below

Remarks

Mail completed form **WITH RESUME** to:

ATTN: HR

499 Southgate Drive
Pelham, Alabama 35124

OR

Option (1): Fill out form electronically with Microsoft Word and send to customerservice@edgarsbakery.com with subject line “Employment Application [Your First and Last Name]” with **Attached Resume** (if available).

Option (2): Print form out, fill it out by hand, scan it, and send it to customerservice@edgarsbakery.com with subject line “Employment Application [Your First and Last Name]” with **Attached Resume** (if available).