



EMPLOYMENT APPLICATION

Employment is equally available to everyone. Please inform The Cookie Jar if you require reasonable accommodation for the application or interview.

Full Name: _____ Date: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Social Security Number: _____ Desired Salary: _____

Date Available to Start: _____

Have you ever worked for The Cookie Jar? Yes No If yes, when? _____

Are you legally allowed to work in The United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest, or been convicted of a crime? Yes No

If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's License number (if applicable to position): _____ State _____

Education History

Name and Location of High School: _____ did you graduate? _____

Name and Location of College: _____ Years attended _____ did you graduate? _____

Summarize Your Special Skills or Qualifications:

Previous Employment (begin with most recent position)

Company Name _____ Address/City _____

Dates of Employment: From _____ to _____ Position held: _____

Supervisor _____ Title: _____ Phone _____

Responsibilities:

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving:

May we contact this employer for a reference? _____ yes _____ no

Company Name _____ Address/City _____

Dates of Employment: From _____ to _____ Position held: _____

Supervisor _____ Title: _____ Phone _____

Responsibilities:

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving:

May we contact this employer for a reference? _____ yes _____ no

Please answer the following questions:

What days are you available to work? _____

What hours during the day are you available to work? _____

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

Signature of Applicant _____ Date _____