




First Name Last Name Middle

Address City ST Zip

Home Phone:  Cell Phone:

Alternate Phone:  Email:

Emergency Contact Name:  Emergency Contact Phone:

Have you had any name changes?  Yes  No Previous name?

Do you have an answering machine?  Yes  No Are you authorized to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No If not, state date of birth

If under age 18, how many hours per week are you employed elsewhere? \_\_\_\_\_ Hours Position Applied For:

How many hours per week can you work? \_\_\_\_\_ Hours What days can you work?  M  T  W  Th  F  Sa  S

Are you applying for:  Full Time  Part Time  Temporary  Days Only  Nights Only  Days/Nights

Date you can start:  Do you have transportation?  Yes  No

**Education:**

Schooling	School Name	City State Zip	Grade or Degree Completed	Graduated Yes/No	GPA
High School					
College / University					
Other					
Military					



### Employment History

Dates		Name and Address of Past Three Employers	Salary	Position and Reason for Leaving
From				
To				
From				
To				
From				
To				

Why do you want to work at BayDQ?

What Skills or Qualities do you have that would make you a good employee?

What do you enjoy about working in a customer service role?

What does good customer service mean to you?



Other than minor traffic offenses, have you ever been convicted of a crime? If Yes Please explain.  Yes  No

Have you ever been convicted of a felony? If Yes Please explain.  Yes  No

### Equal Opportunity Statement

This company is an equal opportunity employer and does not discriminate against any employee or employment applicant because of age, race, religion, creed, color, sex/gender, sexual orientation, disability, marital status, national origin, ancestry or on any other unlawful basis.

### Employment Application Disclaimer and Acknowledgement

**Please read the information below carefully and acknowledge with your signature.**

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize you to request and receive any information from from schools, employers, law enforcement agencies and other sources of information that may be relevant to consider me for employment and release all such parties from all liability that may result from furnishing such information to you.

I also authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I acknowledge that any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I also acknowledge that my employment is "at will", that I may resign at any time and the company may terminate my employment at any time, with or without cause.

\_\_\_\_\_  
Applicant Signature

-  -   
Applicant Social Security Number

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Date





## Form Checklist

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First Name

Last Name

Middle

**Please complete and return the following forms to Amy Mayer using the enclosed envelope. You will need to have your social security card and your drivers license to complete USCIS I-9.**

### BayDQ Forms

- Job Application
- Direct Deposit Form
- Food Safety Training Acknowledgement
- Employee Handbook Receipt

### Government Forms

- IRS Form W4
- Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting
- USCIS I-9 - US Citizenship & Immigration Services Employment Eligibility Verification

### Other

- Child Work Permit (if applicable)
- Letter of Employment (minors)
- Payroll Setup Form
- Employee Health Notice
- Photocopy of License
- Photocopy of Social Security Card



### Food Safety Training Acknowledgement

First Name

Last Name

Middle

The employee listed above has received training on the following procedures and has reviewed all applicable materials in the employee handbook.

- How to wash your hands
- When to wash your hands
- Personal hygiene
- Safe food handling practices
  - Avoiding cross contamination
  - Avoiding time and temperature abuse
  - Proper cleaning and sanitizing
  - Proper storage
- Responsibilities for reporting the following illnesses or symptoms to the person in charge:
  - Any foodborne illness (see supervisor for list)
  - Diarrhea
  - Vomiting
  - Fever
  - Jaundice (yellowish discoloration of skin, eyes or inside of mouth)
  - Sore throat with fever
  - Wound or boil that contains pus on exposed skin
- Responsibilities for reporting the following illnesses or symptoms to the person in charge:
  - Diagnosed with a foodborne illness (see supervisor for list - requires approval from health department to return to work)
  - Vomiting (symptoms must cease for at least 48 hours before returning to work)
  - Diarrhea (symptoms must cease for at least 48 hours before returning to work)
- Not working around food, utensils or equipment when ill with the following symptoms/conditions:
  - Fever
  - Sore throat with fever
  - Wound or boil that contains pus

\_\_\_\_\_  
Employee Signature

-


-

Employee Social Security Number

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date



## Employee Acknowledgement of Handbook Receipt

I, the undersigned, have received and read a copy of the company's employee handbook.

I understand and agree to abide by the policies described in the employee handbook.

I understand the handbook is not an employment contract and that my employment may be terminated at any time, with or without reason.

I am also aware that policies are subject to change and that management is here to answer any questions I have regarding company policies or procedures.

\_\_\_\_\_  
Employee Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employee Social Security Number

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date



### Direct Deposit Authorization

First Name

Last Name

Middle

I authorize Bay Foods, Inc. to send credit entries, as well as appropriate adjustments and debit entries, to my/our account as indicated below.

Account Type

Checking

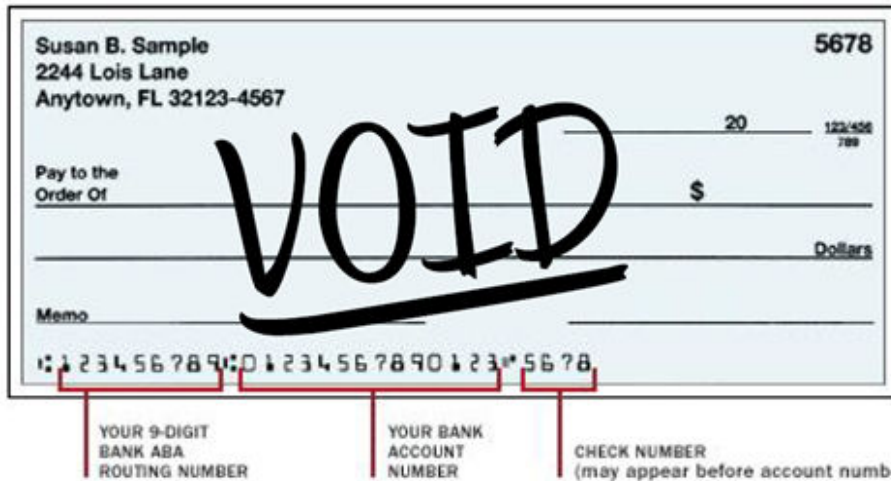
Savings

Institution Name:

Bank Routing #/ ABA #:

Account Number

### Attach Check or Deposit Slip Here



\_\_\_\_\_  
Employee Signature

-


-

Employee Social Security Number

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date

I do not want direct deposit at this time





### Payroll Setup

First Name

Last Name

Middle

Address

City

ST

Zip

 -  -   

Applicant Social Security Number

Email

- Employee Type:  Full Time      Employee Status:  Active      Employee Status:  Check  
 Part Time       Terminated       Direct Deposit  
 Temporary       New Hire  
 1099       Inactive

#### Pay Information

- Salary       Hourly
- \$ Per Pay Period (26yr)       \$ Regular Rate Per Hour  
 \$ Overtime Rate Per Hour       \$ Overtime Rate Per Hour  
 \$ Other Rate Per Hour       \$ Other Rate Per Hour

#### Tax Information

- Married       Single
- W4 Allowances

#### Deductions

- Name      \$ Per Pay Period
- Name      \$ Per Pay Period
- Name      \$ Per Pay Period