



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

[Empty box for explanation of conviction]

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

[Empty box for explanation of felony conviction]

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.

[Signature line]
Applicant Signature

[SSN boxes]
Applicant Social Security Number

[Print name line]
Applicant Print Name

[Date line]
Date

