

EMPLOYMENT APPLICATION

Date:

For New Horizons Baking Company and Affiliated Companies

Please Print

Name:	Home Phone:		Cell Phone:	
Address:	City/State/Zip		Email address:	
Position Applying for:		What pay range do you anticipate?		
Are you legally eligible to be employed by any employer in the United States: Yes No		If hired, you will be expected to provide proof of identity and eligibility upon employment.		
Are you over the age of 18 years? Yes No				
Have you worked for this company before? Yes	10	•		
If yes, when: enter dates below	Job Title:	o Title: Reason for leaving:		
Do you have any relatives or friends working for the Company? Yes No If yes, please list them below				
Have you ever been convicted of a felony?YesNoDisclosing a felony conviction does not necessarily disqualify you for consideration for employment. The circumstances and timing will be taken into consideration.Please explain:				

Availability-Please enter all hours you are willing and able to work below

Please chec	k the days and hou	urs you are availabl	e to work:	please note when y	ou are available to v	vork each day.	
Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days							
Evening							
Nights							

Education- Please enter all information requested. If you have a GED, circle GED below				
	Name and Location of School	Course of Study	Number of years Completed	GED, Diploma or Degree Received
High School				
Technical, Trade or Vocational School				
College or University				
Graduate Studies				
Other				

Please describe any certifications or special training you have completed that could enable you to do this job.

Employment History -Start with most recent experience				
Company Name	Describe your duties	From:	To:	
Address	_	Reason for leaving:		
City, State, Zip	_	May we check a ret Yes	ference: No	
Company Phone	Supervisor's Name	Supervisor's Title		
Company Name	Describe your duties	From:	То:	
Address		Reason for leaving:		
City, State, Zip		May we check a ret Yes	ference: No	
Company Phone	Supervisor's Name	Supervisor's Title		
Company Name	Describe your duties	From:	To:	
Address		Reason for leaving:		
City, State, Zip		May we check a ret Yes	ference: No	
Company Phone	Supervisor's Name	Supervisor's Title		
Please explain any gaps in employment:	·			

References – Please list three references; do not include relatives or clergy			
Name:	Name:	Name:	
Relationship:	Relationship:	Relationship	
Phone:	Phone:	Phone:	
Email:	Email:	Email:	

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, GENDER, SEXUAL ORIENTATION, MARITAL OR FAMILY STATUS, PHYSICAL OR MENTAL DISABILITY, OR VETERAN STATUS.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time by myself or the Company without prior notice.

I understand that I may be required to successfully complete pre-employment assessments, screenings and testing, including but not limited to drug/substance testing, as well as criminal background screening.

By signing below, I authorize New Horizons Baking Company or its testing agents and facilities to administer pre-employment assessments, screenings and tests, as they deem appropriate to the employment process. I give permission to these agents and facilities to release test results to New Horizons Baking Company.

I understand that an adverse test results, refusal to be tested, or any attempt to affect the test results will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from New Horizons Baking Company or termination of employment, depending on when results are received.

Signed:	Date: