



Employment Application

For office use only

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Notes:

APPLICANT DATA

Position Applied for:		Lake Geneva <input type="checkbox"/>	LG Bakery <input type="checkbox"/>	Milwaukee <input type="checkbox"/>
Full Name:			Date:	
Address:				
City:		State:		ZIP:
Phone:		E-mail Address:		
Date Available:		Social Security #:		Desired Wage:
Type of Employment Desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Dates:				
Availability: Monday <input type="checkbox"/> am <input type="checkbox"/> pm ~ Tuesday <input type="checkbox"/> am <input type="checkbox"/> pm ~ Wednesday <input type="checkbox"/> am <input type="checkbox"/> pm ~ Thursday <input type="checkbox"/> am <input type="checkbox"/> pm Friday <input type="checkbox"/> am <input type="checkbox"/> pm ~ Saturday <input type="checkbox"/> am <input type="checkbox"/> pm ~ Sunday <input type="checkbox"/> am <input type="checkbox"/> pm				
Schedule Restrictions (School, Child Care, etc.)				Are you over 18? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION HISTORY

Name and Location of High School:				
From:		To:		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name and Location of College:				
From:		To:		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Major/Degree:
Other Education:				
From:		To:		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Major/Degree:

PLEASE TELL US WHY YOU WOULD LIKE TO WORK AT SIMPLE:

WHAT ARE YOUR QUALIFICATIONS FOR THE POSITION APPLIED FOR? ARE THERE ADDITIONAL SKILLS OR INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT?

WHAT ARE YOUR SHORT TERM AND LONG TERM LIFE GOALS?

PREVIOUS EMPLOYMENT

Company:		Position:
Location:		Supervisor:
Phone:	Starting Wage:	Ending Wage:
Responsibilities:		
Reason for Leaving:		From: To:
Company:		Position:
Location:		Supervisor:
Phone:	Starting Wage:	Ending Wage:
Responsibilities:		
Reason for Leaving:		From: To:
Company:		Position:
Location:		Supervisor:
Phone:	Starting Wage:	Ending Wage:
Responsibilities:		
Reason for Leaving:		From: To:
May we contact the above listed employers as a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date