



Ravensworth Store
 5224 Port Royal Road, Springfield, VA 22151 (703) 321-3670
 Burke Store
 9536 Old Keene Mill Road, Burke, VA 22015 (703) 569-3670

Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone:(____) _____ (C) Phone:(____) _____ (H) E-mail Address: _____

Date Available: _____ Desired Salary:\$ _____

Position Applied for: _____ Location Applied for: (circle option) Ravensworth Burke Both

(circle option) All Year/Permanent Summer Christmas Other (Explain) _____

Number of Shifts Desired per week: _____			Number of Hours Desired per week: _____			
Indicate hours available to work for each day of the week						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

SKILLS: Please list technical skills, clerical skills, trade skills, languages, certificates etc., relevant to this position. Include relevant computer systems and software of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

References

Full Name: _____ Relationship: _____

Company: _____ Phone:(____) _____

Full Name: _____ Relationship: _____

Company: _____ Phone:(____) _____

Previous Employment

Company: _____ Phone:(_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? _____

Company: _____ Phone:(_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? _____

Company: _____ Phone:(_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? _____

Military Service

Branch: _____ Rank at Discharge: _____ From: _____ To: _____ Type of Discharge: _____

Background Information

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO If yes, explain: _____

Disclaimer and Signature

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize The Swiss Bakery to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of The Swiss Bakery serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company regulations. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 days of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature: _____ Date: _____