

# GREAT HARVEST BREAD CO.®

11068 West Jewell Avenue \* Lakewood Colorado 80232 \* 303 716 0905

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Permanent Address (if applicable): \_\_\_\_\_  
Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Date You Can Start: \_\_\_\_\_  
Preferred Working Hours: (Shifts can vary from 4:00 am to 7:30 pm)  
Days Available To Work: Mon Tues Wed Thurs Fri Sat  
Total Hours per Week: \_\_\_\_\_  
Desired hourly wage: \_\_\_\_\_  
How did you learn about Great Harvest? \_\_\_\_\_

What are your goals for the next six to twelve months?

### EMPLOYMENT HISTORY (List your 3 most recent employers, starting with the most recent):

(1) Employer's Name & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Name & Phone # of Contact Person/Reference: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

(2) Employer's Name & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Name & Phone # of Contact Person/Reference: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

(3) Employer's Name & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Name & Phone # of Contact Person/Reference: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

### EDUCATION (Please complete all blanks that apply):

High School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
College: \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
Other: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
Degrees or Certifications Received \_\_\_\_\_  
or Special Topics Studied: \_\_\_\_\_  
Please List Any Special Skills: \_\_\_\_\_

### BACKGROUND INFORMATION:

(1) What do you do for relaxation and recreation?

(2) What recent activities or accomplishments have you found particularly satisfying and why?

(3) Describe an ideal work environment. What would you offer to the Great Harvest work environment?

PERSONAL REFERENCES (Please do not list relatives):

(1) Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
How do you know this person?  
(2) Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
How do you know this person?

PHYSICAL RECORD:

Can you perform the functions of this job with or without accommodation, including lifting regularly, stooping and bending frequently, performing repetitive hand motions, and remaining on your feet for long periods? If you have a disability, please describe your performance with reasonable accommodations:

In case of emergency notify:

Name & Relationship	Address	W#	H#
Name & Relationship	Address	W#	H#

OTHER:

Within the past five years, have you been charged with or convicted of any crime? YES NO  
If so, in what state? Please describe:

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I further authorize investigation of all statements contained herein and contact with the references listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_