



divine donuts

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: FIRST _____ MIDDLE _____ LAST _____

PRESENT ADDRESS: _____

DRIVER LICENSE # _____ PHONE NUMBER: _____

HAVE YOU OR A RELATIVE PREVIOUSLY WORKED FOR THIS COMPANY? _____

WHAT DATE & POSITION(S): _____

DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? _____

PLEASE PROVIDE YOUR VALID DRIVER LICENSE (DL) NUMBER _____

DL EXPIRATION DATE _____ DL STATE _____ SSN _____

POSITION

APPLYING FOR POSITION: _____ DESIRED SALARY: _____

DESIRED START DATE: _____

AVAILABILITY

SCHEDULE AVAILABILITY: _____

ARE YOU AVAILABE TO WORK: OVERTIME: _____ AT NIGHT: ___ WEEKENDS: _____

HOLIDAYS: ___ AT DIFFERENT LOCATIONS: ___ ON SHORT NOTICE: _____

PLEASE EXPLAIN ANY "NO" ANSWERS _____

MILITARY RECORD

SERVICE BRANCH _____ INITIAL RANK/GRADE _____ FINAL RANK/GRADE _____

SPECIALTY DESCRIPTION: _____

DO YOU HAVE A MILITARY RESERVE OBLIGATION _____

PLEASE DESCRIBE: _____

DO YOU HAVE FORM DD214? _____

EDUCATION

HIGH SCHOOL

NAME _____ YEARS COMPLETED: _____ GRADUATION DATE: _____
NAME _____ YEARS COMPLETED: _____ GRADUATION DATE: _____
NAME _____ YEARS COMPLETED: _____ GRADUATION DATE: _____

COLLEGE:

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

MILITARY

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

OTHER

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

NAME _____ START DATE _____ END DATE _____
DEGREE _____ GRADUATION DATE _____

ARE YOU INVOLVED IN EXTRA CURRICULAR ACTIVITIES ? _____

PLEASE LIST SKILLS OR KNOWLEDGE YOU MAY HAVE WHICH ARE NOT REFLECTED IN THE EDUCATIONAL REFERENCES. _____

PLEASE LIST ANY EQUIPMENT WITH WHICH YOU HAVE OPERATIONAL EXPERIENCE

WORK EXPERIENCE

PLEASE LIST WORK POSITIONS HELD STARTING WITH THE MOST RECENT.

COMPANY NAME _____
COMPANY ADDRESS _____
POSITION _____ DUTIES _____
REASON FOR SEPARATION _____
SUPERVISOR NAME _____
START DATE _____ SEPARATION DATE _____ STARTING PAY _____

COMPANY NAME _____
COMPANY ADDRESS _____
POSITION _____ DUTIES _____
REASON FOR SEPARATION _____
SUPERVISOR NAME _____
STARTING PAY _____ STARTING DATE _____ SEPARATION DATE _____

COMPANY NAME _____
COMPANY ADDRESS _____
POSITION _____ DUTIES _____
REASON FOR SEPARATION _____
SUPERVISOR NAME _____
STARTING PAY _____ STARTING DATE _____ SEPARATION DATE _____

COMPANY NAME _____
COMPANY ADDRESS _____
POSITION _____ DUTIES _____
REASON FOR SEPARATION _____
SUPERVISOR NAME _____
STARTING PAY _____ STARTING DATE _____ SEPARATION DATE _____

COMPANY NAME _____
COMPANY ADDRESS _____
POSITION _____ DUTIES _____
REASON FOR SEPARATION _____
SUPERVISOR NAME _____
STARTING PAY _____ STARTING DATE _____ SEPARATION DATE _____

HAVE YOU EVER TAKEN MERCHANDISE, MONEY, OR OTHER PROPERTY FROM AN EMPLOYER WITHOUT PERMISSION? _____

IDENTIFY THE JOB YOU ENJOYED MOST AND PROVIDE THE REASON.

IDENTIFY THE JOB YOU ENJOYED LEAST AND PROVIDE THE REASON

HAVE YOU EVER BEEN ASKED TO LEAVE A JOB FOR REASONS OTHER THAN "LACK OF WORK?" _____
IF YES, PLEASE DESCRIBE THE CIRCUMSTANCES. _____

REFERENCES

NAME	RELATIONSHIP	PHONE	TIME KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL HISTORY

A criminal history does not automatically prevent employment. Denial or deception concerning the existence or type of conviction will prevent employment.

DESCRIBE ALL FELONY CONVICTIONS OVER THE LIFETIME

VIOLATION	RESOLUTION DATE	PENALTY	COUNTY & STATE OF COURT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE ALL MISDEMEANOR CONVICTIONS IN THE LAST THREE YEARS

VIOLATION	RESOLUTION DATE	PENALTY	COUNTY & STATE OF COURT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMEDIAL OR REHABILITATION EFFORTS

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information.

I understand that all statements made by me are subject to investigation by this Company, and that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during the period of my employment and I agree to hold this Company blameless in that event.

If employment is obtained under this application, I will comply with all rules and regulations of the Company, and will cheerfully cooperate with supervisory instruction whether written or verbal.

I agree to submit to physical examination and/or substances which may affect job performance if required by the Company.

I agree to be responsible for, and return in good condition, any and all Company property and equipment issued to me by the Company.

I agree that the first 90 days of employment are considered a probationary period during which, at any time, the Company may terminate my employment.

Further, I hereby understand and agree that my employment, both during and after such probationary period, is at will, that nothing in this application or in any other Company document shall be deemed to create any contract of employment between me and the Company, and that my employment can be terminated at any time by myself or the Company for any or no cause; employment beyond the probationary period shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me; I further understand that no representative of the Company, other than the President of the Company or its designee, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE



AUTHORIZATION FOR INFORMATION RELEASE

I authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them from all liability for divulging same. Information may be released in any form to:

Divine Donuts, Inc
3424 Halls Ferry Road
Vicksburg, Ms. 39180
601-638-6675

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE