

NAME: _____
DATE: _____
POSITION APPLIED FOR: _____

Application for Employment



Rotella's Italian Bakery, Inc.
6949 South 108th Street
La Vista, NE 68128

An Equal Opportunity Employer:

It is the policy of Rotella Bakery to provide employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, or veteran status.

Important:

Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES, AND CAN YOU FURNISH PROOF OF SUCH ELIGIBILITY IF HIRED? Yes No

ARE YOU 18 OR OLDER? Yes No

HAVE YOU EVER PLEAD 'GUILTY' OR 'NO CONTEST' TO, OR BEEN CONVICTED OF A CRIME? Yes No

IF SO, PLEASE PROVIDE DETAILS, INCLUDING DATES, LOCATIONS, AND NATURE OF OFFENSES.
A CRIME CONVICTION WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT.

POSITION INFORMATION

POSITION APPLIED FOR: _____

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No

WHICH SHIFT DO YOU PREFER? _____

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

HAS THE COMPANY EVER EMPLOYED YOU? Yes No

IF YES, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No

EDUCATION

LAST HIGH SCHOOL ATTENDED / complete address _____

GRADUATED? Yes No YEARS ATTENDED _____

COLLEGE OR UNIVERSITY / complete address _____

GRADUATED? Yes No YEARS ATTENDED _____

MAJOR _____ DEGREE RECEIVED _____

OTHER EDUCATION / complete address _____

GRADUATED? Yes No YEARS ATTENDED _____

DESCRIBE YOUR QUALIFICATIONS FOR THE POSITION THAT YOU ARE SEEKING:

EMPLOYMENT HISTORY

PLEASE LIST ALL PRIOR EMPLOYERS, IN CHRONOLOGICAL ORDER, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER:

FULL NAME OF COMPANY	TELEPHONE #	SALARY	DATES
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

EMPLOYER

FULL NAME OF COMPANY	TELEPHONE #	SALARY	DATES
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

EMPLOYER

FULL NAME OF COMPANY	TELEPHONE #	SALARY	DATES
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information that would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application, I agree to submit to medical evaluations and/or examinations as necessary, including tests for the presence of illegal drugs or alcohol, post-offer and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either post-offer or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated at will, at any time, for any reason, by me or by the Company without notice or without reason. I further understand that only the Owners of the Company have the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity to all protected classes.

Signature _____

Date _____

Thank you for completing this application. It will remain under consideration for 45 days.
It will not be necessary for you to reapply during this 45 day period.
Your interest in **ROTELLA BAKERY, INC** is appreciated!