



# Employment Application

PLEASE PRINT

Today's Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other names used in past: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Do you have a legal right to work in this country?  Yes  No (For purpose of Federal Immigration Law, you will be required to provide documentary evidence of your identity and eligibility for employment in the U.S. Such documentation must be provided to us within three business days of your date of hire.)

If under 18 can you furnish a work permit?  Yes  No

Have you been convicted of a felony or misdemeanor in the last seven (7) years?  Yes  No If Yes, give dates and explanation (conviction does not automatically exclude you from consideration of employment and you will be given the opportunity to explain any convictions.): \_\_\_\_\_

## EMPLOYMENT DESIRED

Position you are applying for: \_\_\_\_\_ Salary requirements: \_\_\_\_\_

How did you hear about this position?:  Ad  Employment Agency  Friend or Relative

Other: \_\_\_\_\_  Le Boulanger Employee (name & relation): \_\_\_\_\_

SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
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Days and hours you are available for work: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal

List skills relevant to the position applied for: \_\_\_\_\_

If hired, on what date can you start work?: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If No, describe the functions that cannot be performed: \_\_\_\_\_

(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever applied to or worked for Le Boulanger before?  Yes  No

If Yes, please specify date, location, and manager's name: \_\_\_\_\_

Please identify any potential limitations regarding your method of transportation to and from work: \_\_\_\_\_

**SKILLS** For Office/Administrative positions only Typing WPM: \_\_\_\_\_ 10-Key:  Yes  No

Computer Proficiency:  Word for Windows  Excel  Others: \_\_\_\_\_

If applying for a driving position, please supply California drivers license number and expiration date and attach a current DMV report. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## EDUCATION, TRAINING AND EXPERIENCE

List below all educational and training experience.

Name and Address	Circle Last Years Completed	Graduation Date/ Degree or Diploma	Course of Study
High School _____	1 2 3 4		
College/University _____	1 2 3 4		
Graduate School _____	1 2 3 4		
Other _____	1 2 3 4		

Please list any other experience, training, qualifications, or skills which you feel make you especially suited for the position for which you are applying: \_\_\_\_\_



Le Boulanger is an Equal Opportunity Employer

LE BOULANGER, INC. • 305 North Mathilda Avenue • Sunnyvale, CA 94086 • Phone 408.774.9000 • Fax 408.523.9810



## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Use an additional sheet of paper if necessary. It is acceptable to attach an initialed resume for description of position and duties.

Company Name/Address: _____ Telephone No.: (        ) _____ Job Responsibilities: _____ Reasons for Leaving: _____ Supervisor's Name/Title: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT      Hrs/Wk: _____ From: _____ To: _____ Starting Salary: _____ Ending Salary: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name/Address: _____ Telephone No.: (        ) _____ Job Responsibilities: _____ Reasons for Leaving: _____ Supervisor's Name/Title: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT      Hrs/Wk: _____ From: _____ To: _____ Starting Salary: _____ Ending Salary: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## REFERENCES

List below the names of three professional references who have knowledge of your work performance within the last ten (10) years.

Name & Occupation	Business Address & Telephone #	Working Relationship	# of years acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby grant permission to any person, school, firm or corporation to release to the Company or its representatives any and all information regarding my past educational or employment history and background and authorize Le Boulanger to verify any or all of this information. I waive any and all claims I might have with respect to the providing of such information. I certify that all the information provided by me on this application and the attached resume is true, complete and accurate. I understand that the withholding of information or the giving of false information on this application or my resume will result in refusal of employment or disciplinary action, up to and including termination of my employment if employed. I further understand and agree that this is the entire agreement regarding the term of my employment. No Company representative has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to that stated above. I further understand and agree that if I am offered employment by the Company it will be on an at-will basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause or prior notice. If I am employed by Le Boulanger, I agree to follow the Company's policies, and I acknowledge that these policies may be changed by the Company at any time at its sole option. I understand that if I am an individual with a disability as defined by the Americans With Disabilities Act, and am otherwise qualified for the position being applied for as described by the Company, but need an accommodation in order to perform the functions of this position, it is my responsibility to suggest such accommodation to the Company and I acknowledge that I have been given the opportunity to do so. I have read and understand the above prior to signing this application.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

