



Employment Application  
and Questionnaire

# The Toaster Oven - Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, disability, veteran status, political affiliation, marital status, sexual orientation, or any other non-job related characterization or legally protected status.

**\*\* PLEASE PRINT CLEARLY and COMPLETE ENTIRE APPLICATION \*\***

Position(s) applied for \_\_\_\_\_ on(s) applied for \_\_\_\_\_ What date can you start? \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you find out about this job?  Store sign  Flyer  Walk-in  Other \_\_\_\_\_

Specify hours available for each day of the week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Alias \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you have a reliable means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_

Are you at least 18 years old?  Yes  No Interested in:  Part-time  Full-time  Temporary

Are you legally eligible for employment in the U.S.?  Yes  No (Proof of citizenship or immigration status is required if hired.)

Have you been convicted of a crime? (California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.)  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

List any special skills or training: \_\_\_\_\_

## Employment Information

Preferred hours/shifts: \_\_\_\_\_ Hours you are not available to work: \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Saturdays? \_\_\_\_\_ Holidays? \_\_\_\_\_ Are you currently employed?  Yes  No

If hired, when would you be able to start? \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please describe which tasks, if any, you will need accommodation to perform, and explain the type of accommodation you will need: \_\_\_\_\_

## Education (circle highest level achieved)

	<u>Name of School</u>	<u>Years Completed</u>	<u>Major</u>	<u>Did You Graduate?</u>
High School:	_____	1 2 3 4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED

College:	_____	1 2 3 4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------	-------	---------	-------	--

Other:	_____	1 2 3 4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------	-------	---------	-------	--

Other relevant skills: \_\_\_\_\_

## Work History (please begin with most recent)

1. Company/Organization \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_ May we contact?  Yes  No
2. Company/Organization \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_ May we contact?  Yes  No
3. Company/Organization \_\_\_\_\_ Phone No. with Area Code (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Have you worked for any of these organizations or attended school under a different name? If yes, give name and organization(s)

---

## Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

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

Name (please print) \_\_\_\_\_



# Prospective Employee Questionnaire

*Please answer the following questions with a minimum of 2 and a maximum of 4 sentences.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

What do you think you would like about working at The Toaster Oven? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you see yourself in five years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What makes you the most happy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a specific situation where you have provided or received excellent customer service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself a fortunate person and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your idea for a television show: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_