

Job Application Form



2310 Arctic Avenue
Atlantic City, NJ 08401
Tel (609) 348-8934 Fax (609) 344-0304
www.formicabrosbakery.com

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

Name _____
First Middle Last

_____ Street Address

_____ City State Zip Code

Phone Number (____) _____ Cell Phone: (____) _____

Driver's License No: _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under 18, do you have an employment/age certificates? Yes ___ No ___

Do you have a drug or alcohol problem? Yes _____ No _____

POSITION/AVAILABILITY:

Position Applied For: _____

If applying for driver position please complete the following information, if not please skip to Days/Hours Available question.

Have you ever lost your license? Yes _____ No _____

Loss of license will not necessarily disqualify you from employment. If you've answered yes, describe the circumstances. _____

Can you drive a stick shift? Yes _____ No _____

Days/Hours Available:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday | Hours Available: from _____ to _____ |
| <input type="checkbox"/> Tuesday | Hours Available: from _____ to _____ |
| <input type="checkbox"/> Wednesday | Hours Available: from _____ to _____ |
| <input type="checkbox"/> Thursday | Hours Available: from _____ to _____ |
| <input type="checkbox"/> Friday | Hours Available: from _____ to _____ |
| <input type="checkbox"/> Saturday | Hours Available: from _____ to _____ |

Job Application Form



2310 Arctic Avenue
Atlantic City, NJ 08401
Tel (609) 348-8934 Fax (609) 344-0304
www.formicabrosbakery.com

Sunday **Hours Available: from** ____ **to** ____

What date are you available to start work? _____

EDUCATION:

High School / VOC-TECH:

School Name: _____

School Address: _____

School City, State, Zip: _____

Did you graduate? _____ Yes _____ No

Degree / diploma earned: _____

College/University:

School Name: _____

School Address: _____

School city, state, zip: _____

Did you graduate? _____ Yes _____ No

Degree / diploma earned: _____

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities:

Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____

From: _____ To: _____

Job Application Form



2310 Arctic Avenue
Atlantic City, NJ 08401
Tel (609) 348-8934 Fax (609) 344-0304
www.formicabrosbakery.com

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

References:

Name	Title	Phone Number
------	-------	--------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Emergency Contact:

Name	Phone Number	Relationship
------	--------------	--------------

I certify that the information contained in this application is true and complete, and give permission for Formica Bros. Bakery to do a Background/Credit check. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information provided.

Signature _____

Date _____

- Received copy of Driver's License
- Received copy of Social Security Card

Signature of Formica Employee: _____

Date: _____

Formica Bros. Bakery and its subsidiaries are equal opportunity employers.