



Applicant Name please print

Date:

Equal Opportunity Employer

## EMPLOYMENT APPLICATION

**Thanks for your interest in working for us!  
Please review these important features of our hiring process:**

- 1 We accept applications if a current vacancy exists, or is expected to exist.
- 2 You may be asked to review information about our mission, our high standards for employees, specific job requirements and certify your understanding before applying.
- 3 Please sign all documents where indicated.
- 4 Read and sign the QUESTIONAIRE and SUBSTANCE ABUSE POLICY. You may submit a separate resume with your application.
- 5 Sign below showing that you understand our hiring process.
- 6 Your application is **active for 30 days**.
- 7 We may conduct background checks, drug testing, and team interviews to learn about you and your abilities before any hiring decisions are made.
- 8 Hiring is a two way process - We encourage you to ask questions and we will do our best to answer them.
- 9 Due to the number of applicants we often have, we cannot notify each and every applicant. Only those selected for further interview will be called. PLEASE NO PHONE CALLS.
- 10 Many times internal candidates are being considered along with outside applicants.
- 11 All job offers are contingent on successfully passing a pre-employment drug test and/or any other test that may be required for a specific position.
- 12 **Our employees deserve the best co-workers possible.** Therefore, we reserve the right to hire the best qualified person for the job.

PLEASE SIGN AND DATE HERE AFTER READING ABOVE

---

# APPLICATION FOR EMPLOYMENT

revised 3-3-08

**INSTRUCTIONS - PLEASE READ**

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly, do not type. **Answer all items, even if you have a resume.** Please sign and date the application where indicated.

|   |                              |   |                          |  |                                      |     |
|---|------------------------------|---|--------------------------|--|--------------------------------------|-----|
|   |                              |   |                          | Today's Date   |                                      |     |
| Last Name   |                              | First Name  |                          | Initial  | Social Security Number               |     |
| Present Street Address  |                              |   | City                     | State  | Zip                                  |     |
| Previous Address if at present address less than 3 yrs  |                              |   | City                     | State  | Zip                                  |     |
| Home Telephone Number<br>( ) ( )  |                              | Message Phone(or secondary phone)<br>( ) ( )                          |                          | Emergency Contact Person   |                                      |     |
| Position applied for:   |                              | Full-Time <input type="checkbox"/>                                    | Total Hours Desired/Week | Expected \$  | Date you can start work              |     |
| Are you at least 18 years of age? YES NO<br><small>CIRCLE ONE</small>   |                              | Are you at least 21 years of age? YES NO<br><small>CIRCLE ONE</small> |                          | Can you provide proof that you can be lawfully employed in the U.S.? YES NO What documents?<br><small>CIRCLE ONE</small> |                                      |     |
| Have you applied for work here before? YES NO<br><small>CIRCLE ONE</small>  |                              | If yes, when?   |                          | Have you worked for this company before? YES NO<br><small>CIRCLE ONE</small>   |                                      |     |
| Do any of your relatives or persons of your same household work here?   |                              | If yes, please give their names.                                      |                          |  |                                      |     |
| We routinely check for criminal records of applicants. Have you been convicted of a felony within the last 10 years?<br>YES NO If yes, please list dates and explain:<br><small>CIRCLE ONE</small>  |                              |   |                          |  | Other names you have used and dates  |     |
| Is adequate transportation available to you so that you can get to work on time every shift and every day, including Sundays?<br><small>CIRCLE ONE</small>  |                              |   |                          |  | YES NO<br><small>CIRCLE ONE</small>  |     |
| List other jobs you believe you may be qualified for:   |                              |   |                          |  |                                      |     |
| How were you referred to us?  |                              |   |                          |  |                                      |     |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee referral (name) _____ <input type="checkbox"/> School (name) _____<br><input type="checkbox"/> Walk-in <input type="checkbox"/> Agency (name) _____ <input type="checkbox"/> Other (explain) _____ |                              |   |                          |  |                                      |     |
| Any prior commitments which would require absence of more than a few hours in the next 6 months? YES NO Explain:<br><small>CIRCLE ONE</small>   |                              |   |                          |  |                                      |     |
| Are you now, or do you expect to be engaged in any other business or employment? YES NO Explain<br><small>CIRCLE ONE</small>  |                              |   |                          | Can you stay late on short notice if required? YES NO<br><small>CIRCLE ONE</small>                                       |                                      |     |
| List any certificates or licenses you hold related to your qualifications for the work you seek:  |                              |   |                          |  |                                      |     |
| <b>EDUCATION --</b>   |                              |   |                          |  |                                      |     |
|   | School Name and Full Address |   |                          | Graduated?   | Degree & Major Area                  | GPA |
| High School   |                              |   |                          |  |                                      |     |
| College/Univ.   |                              |   |                          |  |                                      |     |
| College/Univ.   |                              |   |                          |  |                                      |     |
| Trade, Other  |                              |   |                          |  |                                      |     |
| Are you currently a student?<br>If Yes, what days and times?  |                              | Scholastic honors achieved:   |                          |  | Plans for future education/training: |     |
| <b>REFERENCES --</b> Not former employers, if more space is required, they may be provided on a separate sheet.   |                              |   |                          |  |                                      |     |
| Name  | Address, City, State, Zip    |   | Phone Number(required)   |  | Occupation                           |     |
|   |                              |   |                          |  |                                      |     |
|   |                              |   |                          |  |                                      |     |
|   |                              |   |                          |  |                                      |     |

**WORK HISTORY - Start with your most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.**

|  |                 |                                   |                   |                              |                                      |
|--|-----------------|-----------------------------------|-------------------|------------------------------|--------------------------------------|
| Name of Organization                   |                 | Employment Dates (Month and year) |                   | Type of Business or Industry |                                      |
|  |                 | From                              | To                |                              |                                      |
| Street Address                         |                 |                                   | City              | State                        | Zip                                  |
| Supervisor Name, Title:                | May we contact? | Phone Number                      | Your starting pay | Your ending pay              | Employment Status (FT, PT, contract) |
|  |                 | ( )                               | \$                | \$                           |                                      |
| Your job title(s), duties, skills used |                 |                                   |                   |                              | Reason for leaving                   |

|  |                 |                                   |                   |                              |                                      |
|--|-----------------|-----------------------------------|-------------------|------------------------------|--------------------------------------|
| Name of Organization                   |                 | Employment Dates (Month and year) |                   | Type of Business or Industry |                                      |
|  |                 | From                              | To                |                              |                                      |
| Street Address                         |                 |                                   | City              | State                        | Zip                                  |
| Supervisor Name, Title:                | May we contact? | Phone Number                      | Your starting pay | Your ending pay              | Employment Status (FT, PT, contract) |
|  |                 | ( )                               | \$                | \$                           |                                      |
| Your job title(s), duties, skills used |                 |                                   |                   |                              | Reason for leaving                   |

|  |                 |                                   |                   |                              |                                      |
|--|-----------------|-----------------------------------|-------------------|------------------------------|--------------------------------------|
| Name of Organization                   |                 | Employment Dates (Month and year) |                   | Type of Business or Industry |                                      |
|  |                 | From                              | To                |                              |                                      |
| Street Address                         |                 |                                   | City              | State                        | Zip                                  |
| Supervisor Name, Title:                | May we contact? | Phone Number                      | Your starting pay | Your ending pay              | Employment Status (FT, PT, contract) |
|  |                 | ( )                               | \$                | \$                           |                                      |
| Your job title(s), duties, skills used |                 |                                   |                   |                              | Reason for leaving                   |

|  |                 |                                   |                   |                              |                                      |
|--|-----------------|-----------------------------------|-------------------|------------------------------|--------------------------------------|
| Name of Organization                   |                 | Employment Dates (Month and year) |                   | Type of Business or Industry |                                      |
|  |                 | From                              | To                |                              |                                      |
| Street Address                         |                 |                                   | City              | State                        | Zip                                  |
| Supervisor Name, Title:                | May we contact? | Phone Number                      | Your starting pay | Your ending pay              | Employment Status (FT, PT, contract) |
|  |                 | ( )                               | \$                | \$                           |                                      |
| Your job title(s), duties, skills used |                 |                                   |                   |                              | Reason for leaving                   |

**VOLUNTEER ACTIVITIES AND EXPERIENCE**

Describe your involvement in volunteer activities which may help assess your abilities.

**OTHER SKILLS AND QUALIFICATIONS**

Please mention any other skills, qualifications or experience pertinent to the career you seek. (e.g. - Computers, software, machines, tools, special certifications, etc.)

## EMPLOYEE JOB DESCRIPTION

Cyrus O'Leary's Pies employees deserve the best co-workers possible, We only hire people who-

### **SUPPORT OUR EQUAL EMPLOYMENT OPPORTUNITY POLICY-**

We believe each person is unique and should be judged only by individual ability and merit of achievement. We will not hire or retain anyone who practices or permits prejudice, harassment or discrimination against people because of their race or color, national origin, age, sex, religion, disability, marital status, or veteran service status.

### **SUPPORT OUR DRUG-FREE & TOBACCO-FREE POLICIES-**

You must pass a drug test before we make a final employment offer, and as an employee if you are involved in an accident, or where there is reason to suspect chemical impairment.  
Smoking or the use of tobacco products by employees is not permitted on our premises except designated areas.

### **SHOW SINCERE OBSESSION TO GREAT CUSTOMER SERVICE AND TEAMWORK-**

Each employee must make sure that our customers have fun doing business with us. We totally, without exception, guarantee QUALITY, SERVICE, AND FRESHNESS - ALWAYS! Solve problems by focusing on the customer's needs. Each employee must take the responsibilities and duties that come with the job, cooperate with leaders and support and help others in their work. Each employee must treat others the way they would like to be treated, **by thinking positive, being positive, and giving positive suggestions.**

### **MAKE A COMMITMENT TO HEALTH, HYGIENE AND SANITATION-**

By committing to following strict rules regarding Health, Sanitation, and Personal Hygiene that will form a bond of trust with our customers. Acquire and maintain a current Food Handler's Permit (Health Card).

### **FOLLOW THE CYRUS O'LEARY'S PIES ACCIDENT PREVENTION PROGRAM-**

Be responsible for working safely and following procedures of the Cyrus O'Leary's Pies Accident Prevention Program. Report to work in good physical and mental condition, as it affects each individual's safety and the safety of others. Correct or report promptly to a supervisor any unsafe condition in equipment, facility or environment. Correct or report promptly to a supervisor any unsafe act, behavior or person. Report any injury to a supervisor immediately, including the circumstances of how it occurred and any witnesses.

**If you understand that these requirements are conditions of employment, please sign below-**

**Sign:** \_\_\_\_\_

### **APPLICANT'S STATEMENT**

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal. I authorize Cyrus O'Leary's Pies to conduct a background investigation. I understand that some positions may require a credit report. I will be informed if the position I am applying for requires a credit report. I release and hold harmless, and promise not to claim damages from any of my prior employers listed on this application for providing information. I agree to submit to drug tests that may be required by Cyrus O'Leary's Pies for my hiring or my continued employment. I understand that refusal to take such tests will be reason to deny employment or terminate employment. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with enforcement authorities. I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by Cyrus O'Leary's Pies or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT. I agree to present appropriate identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States promptly upon confirmation of hiring, and that failure to do so voids any offer of employment. I understand that some positions may require a post-offer physical examination by a medical doctor. Upon an offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's date