

**FAIRY DUST CAKES**

**\*EQUAL OPPORTUNITY EMPLOYER\***

**PERSONAL DATA (PLEASE PRINT)**

Date: \_\_\_\_\_ Salary Expected per hour: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Drivers License #: \_\_\_\_\_ / \_\_\_\_\_  
(State Issued)

Are you employed now? NO \_\_\_\_ YES \_\_\_\_

If so, may we contact your current employer? NO \_\_\_\_ YES \_\_\_\_

Are you legally authorized to accept employment in this country? NO \_\_\_\_ YES \_\_\_\_  
(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a crime? NO \_\_\_\_ YES \_\_\_\_

On what date would you be able to begin work? \_\_\_\_\_

Are you available to work: FULL TIME PARTTIME TEMPORARY SHIFT FOR SUMMER

List any special skills that you possess (PERTAINING TO CAKE DECORATING, BAKING, ART)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give Name, address and telephone number and type of relationship of three (3) references.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from a position? NO \_\_\_\_ YES \_\_\_\_

If yes, please explain \_\_\_\_\_

Employer who discharged you? \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

**PRESENT OR LAST EMPLOYER**

**Name of Employer** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

**Employment Dates (Mo & Yr)** \_\_\_\_\_ **Title of Position** \_\_\_\_\_ **Salary Start** \_\_\_\_\_ **Salary End** \_\_\_\_\_  
**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Description of Duties** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

**Employment Dates (Mo & Yr)** \_\_\_\_\_ **Title of Position** \_\_\_\_\_ **Salary Start** \_\_\_\_\_ **Salary End** \_\_\_\_\_  
**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Description of Duties** \_\_\_\_\_

**EDUCATION**

**Circle:**    **High School**    **College/University**    **Graduate/Professional**

**School Name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Diploma/Degree** \_\_\_\_\_

**Describe Course Of Study** \_\_\_\_\_

**Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities** \_\_\_\_\_

**Do you have a G.E.D. in lieu of a HIGH SCHOOL DIPLOMA?**  
**YES** \_\_\_\_ **NO** \_\_\_\_

**Honors Received** \_\_\_\_\_

**Applicant's Statement**

I certify that the answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

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

\_\_\_\_\_  
Date

**TERMS OF EMPLOYMENT**

I, the undersigned, state that all information given to me in this application is true to the best of my knowledge. Should I be employed by the company, I agree that:

My employment shall be in accordance with the terms of (a) this application (b) company rules and regulations and any amendments thereto and (c) any applicable labor agreement. The company shall have the right to amend, modify and/or revoke its rules and regulations now and hereafter in effect.

My employment may be terminated by the company at any time without advance notice. It's only obligation being to pay wages or salary earned by me to date of termination. Without limitation, failure to abide by company rules and regulations, failure to pass any company physical examination and the falsification of any information given by me in this application will entitle the company to terminate my employment.

By signature below, I \_\_\_\_\_ affirm that I have read and understand the above conditions and requirements of employment for Fairy Dust Cakes. I understand that employment with Fairy Dust Cakes is contingent on my being able to comply with these conditions. By signature below, I attest that I am willing to accept these conditions of employment and that I am able to meet the minimum requirements as stated.

Signed by Applicant \_\_\_\_\_

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