

# COLLIN STREET BAKERY

*Baked in Corsicana, Texas since 1896*

Collin Street Bakery

We are an equal opportunity employer

Application for Employment

First Name \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you 18 years of age or older  Yes  No

Have you ever been convicted of a felony?  Yes  No **Conviction is not an automatic bar to employment**

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

## EDUCATION

	Years Completed	Degree/Diploma
High School _____		

College _____		
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Trade School _____		
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## MILITARY SERVICE

Branch Served \_\_\_\_\_ Dates of Service \_\_\_\_\_

Career Field \_\_\_\_\_

Are you bilingual?  Yes  No

If yes, list languages you speak fluently \_\_\_\_\_

Have you ever applied with us?  Yes  No What year \_\_\_\_\_

Have you been employed by us?  Yes  No What year \_\_\_\_\_ Supervisor \_\_\_\_\_

Do you have relatives working here?  Yes  No

If yes, list name and department \_\_\_\_\_

**Please check the position(s) you are applying for:**  
(Call Center and Office positions require a typing test).

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Office      | <input type="checkbox"/> Production | <input type="checkbox"/> QC Inspection |
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Ovens      | <input type="checkbox"/> Sanitation    |
| <input type="checkbox"/> Mail Table  | <input type="checkbox"/> Dumping    | <input type="checkbox"/> Maintenance   |
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Pan Wash   | <input type="checkbox"/> Warehouse     |
| <input type="checkbox"/> Mixing      | <input type="checkbox"/> Wrapping   | <input type="checkbox"/> Other         |

**Special Skills / Equipment Operated**

Machinery

Other

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- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Terminal   | <input type="checkbox"/> Spreadsheet                     |
| <input type="checkbox"/> PC/MAC     | <input type="checkbox"/> Word Processing                 |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> 10 Key WPM <input type="text"/> |

**WORK EXPERIENCE**

List last 3 jobs

Employer \_\_\_\_\_

Work Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address / Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

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

Employer \_\_\_\_\_

Work Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address / Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

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

Employer \_\_\_\_\_

Work Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address / Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

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

If You Are Hired, What Days/hours Are You Available To Work?

\_\_\_\_ Days Days, Include Hours \_\_\_\_\_

\_\_\_\_ Nights Nights, Include Hours \_\_\_\_\_

Any Hours/Weekends Included \_\_\_\_\_

**PROVIDE THREE REFERENCES**

**Do not include family members**

Name	Phone Number
1 _____	_____
2 _____	_____
3 _____	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing tin a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Are review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**APPLICANTS STATEMENT**

I certify that answers given herein are true and complete.

**I authorize investigation of all statements contained in this application for employment or include background and credit checks.**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employments relationship with this organization is of an "at will" nature, which means that i may resign at any time and the Employer may discharge me at any time with or with out cause. It is further understood that this :at will" employment relationship my not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

This application for employment shall be considered active until the end of December of the current year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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

In case of emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_