



EMPLOYMENT APPLICATION

PLEASE PRINT THE COMPLETED APPLICATION AND MAIL TO:
Donut Delight 417 Elm Street, Stamford CT 06902, or email to jobs@donutdelight.com

STORE APPLYING FOR (circle): Elm | West | Hope | High Ridge | Norwalk | Any Store

Personal Information				
Name (First)	(Middle)	(Last)	Date	/ /
Home Address		City	State	Zip
Home Telephone ()		Cellular Phone ()		
E-mail				

Date Available:

Desired Salary: \$

Position Applied for: (circle) Counter | Cleaner | Store Manager | Baker | Kitchen Help | Driver

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Were you ever discharged by a company? YES NO If yes, give name of compan(ies).

Are you 18 years or older? YES NO

Education

High School:

Address:

From: To: Did you graduate? YES NO Degree:

College:

Address:

From: To: Did you graduate? YES NO Degree:

Other:

Address:

From: To: Did you graduate? YES NO Degree:

References

Please list at least three professional references.

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Previous Employment

Company: _____ Phone: ()
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: ()
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: ()
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Disclaimer and Signature

I certify that my 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 design.

This application for employment shall be considered active for a period not to exceed 45 days. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may 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.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant
Signature: _____

Date: _____

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