

## Atlanta Bread APPLICATION FOR EMPLOYMENT

#### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Atlanta Bread Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state, or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment. We are committed to maintaining a SMOKE FREE and DRUG FREE work place.

| FREE and DRUG FREE work place.   |                   |                            |                   |                         |          |  |  |
|--|-------------------|----------------------------|-------------------|-------------------------|----------|--|--|
|  |                   | (PLEASE PRINT              |                   |                         |          |  |  |
| Position(s) Applying For:  |                   |                            |                   | Date of Application (mm | /dd/yy)  |  |  |
| How did you learn about us?  | _                 |                            |                   |                         |          |  |  |
| Website  | Employme          | ent Agency (specify:       |                   |                         | _)       |  |  |
| Advertisement (online)   |                   | Referral (name of emplo    | yee:              |                         | _)       |  |  |
| Newspaper Last Name:   | Other:            | ame:                       | Middle Name       | ::                      |          |  |  |
|  |                   | -                          |                   |                         |          |  |  |
| Address: Number Street   | Apt#              | City:                      |                   | State: Z                | ip Code: |  |  |
| 7.00.000   | , ,,,,,,,         | Oity.                      |                   |                         | .р оссо. |  |  |
| Telephone Number(s):   |                   |                            | Social Secur      | itv Number              |          |  |  |
|  | ork:              | Cell:                      | Goolal Good       |                         |          |  |  |
| Email Address:   |                   |                            |                   |                         |          |  |  |
| Lillali Addiess.   |                   |                            |                   |                         |          |  |  |
| If you are under 18 years old  | d can you provide | required proof of your eli | gibility to work? | ☐ Yes ☐ No              | )        |  |  |
| Have you ever filed an applic  |                   |                            |                   | ☐ Yes ☐ No              | )        |  |  |
| If yes, give date: (mm/dd/yy)  | /                 | Location:                  | <del></del>       |                         |          |  |  |
| Have you ever been employ  |                   |                            |                   | ☐ Yes ☐ No              | )        |  |  |
| If Yes, give dates: (mm/dd/y   | y)/               | _ to/                      |                   |                         |          |  |  |
| Do any of your relatives work  |                   |                            |                   | ☐ Yes ☐ No              | )        |  |  |
| If yes, state name, relationsh   |                   |                            |                   |                         |          |  |  |
| Have you ever been convicte  * You may answer "NO" if your crir a case of delinquency or a child detention, or disposition which did traffic offenses  | est,              | )                          |                   |                         |          |  |  |
| If yes, please explain and indicate dates, city, and state:  |                   |                            |                   |                         |          |  |  |
|  | •                 |                            |                   |                         |          |  |  |
| A  |                   |                            |                   |                         |          |  |  |
| Are you able to perform the infino, can you perform the joint to the the joi |                   |                            |                   | g?                      |          |  |  |
|  |                   |                            |                   |                         | ,        |  |  |
| If hired, can you present evid country? <i>Proof of citizenship or i</i>   | s<br>□ Yes □ No   | )                          |                   |                         |          |  |  |
| Date available for work: (mm/dd/yy)/ What is your desired salary range?  |                   |                            |                   |                         |          |  |  |
| When are you available to w  | ork?              |                            |                   |                         |          |  |  |
| ☐ Full Time ☐ Part If temporary, please indicate   |                   |                            |                   |                         |          |  |  |
| Are you willing to travel?   |                   |                            |                   | ☐ Yes ☐ No              | )        |  |  |
| Are you willing to relocate?   | ☐ Yes ☐ No        |                            |                   |                         |          |  |  |
| Have you ever been dischar   | ☐ Yes ☐ No        | )                          |                   |                         |          |  |  |
| If yes, please explain:  | • .               | ,                          |                   | _ <del>_</del>          |          |  |  |
|  |                   |                            |                   |                         |          |  |  |
|  |                   |                            |                   |                         |          |  |  |

| EDUCATION   |                      |      |                       |                       |                                 |                      |                         |  |
|---|----------------------|------|-----------------------|-----------------------|---------------------------------|----------------------|-------------------------|--|
| School  | Name, City and State |      |                       | Course of Study/Major |                                 | Did you<br>Graduate? | # Of Years<br>Completed |  |
| High School   |                      |      |                       |                       |                                 |                      |                         |  |
| Undergraduate<br>College  |                      |      |                       |                       |                                 |                      |                         |  |
| Graduate / Professional   |                      |      |                       |                       |                                 |                      |                         |  |
| Other<br>(Specify)  |                      |      |                       |                       |                                 |                      |                         |  |
| EMPLOYMENT HISTORY - THIS SECTION MUST BE FILLED OUT COMPLETELY   |                      |      |                       |                       |                                 |                      |                         |  |
| List below all present and past employment within the past ten years beginning with your most recent job. Please attach additional sheets if necessary. |                      |      |                       |                       |                                 |                      |                         |  |
| Employer  |                      |      |                       | mployed               | nployed Position/Primary Duties |                      |                         |  |
|   |                      |      | From<br>(mm/dd/yy)    | (mm/dd/yy)            | Position                        | 1:                   |                         |  |
| Street Address (  | City State           | Zip  | Hourly Ra             |                       | Primary                         | Duties:              |                         |  |
| Supervisor (Name and Title)   |                      |      | Starting              | Final                 |                                 | - 400.               |                         |  |
| Capervisor (reams and ride)   |                      |      |                       |                       |                                 |                      |                         |  |
| Telephone Numbers(s)  |                      |      |                       |                       |                                 |                      |                         |  |
|   |                      |      |                       |                       |                                 |                      |                         |  |
| Reason for Leaving:   |                      |      |                       | May We Cont           | tact:                           | Yes No               |                         |  |
| -   |                      | ı    | D - L                 |                       | D ::: //                        | D ::                 |                         |  |
| Employer  |                      |      | Dates E               | То                    | Position/F                      | Primary Duties       |                         |  |
| Street Address C  | City State           | Zip  | (mm/dd/yy)            | (mm/dd/yy)            | Position                        | 1:                   |                         |  |
| - Chrost Address  | Sity State           | 2.10 | Hourly Ra             | ate/Salary<br>Final   | Primary                         | Duties:              |                         |  |
| Supervisor (Name and Title)   |                      |      | Otarting              | T IIIQI               |                                 |                      |                         |  |
|   |                      |      |                       |                       |                                 |                      |                         |  |
| Telephone Numbers(s)  |                      |      |                       |                       |                                 |                      |                         |  |
| December for Leaving  |                      |      |                       | Marria Octob          | Laste D V                       |                      |                         |  |
| Reason for Leaving:   |                      |      |                       | May We Cont           | tact: Ye                        | es 🗌 No              |                         |  |
| Employer  |                      | I    | Dates E               | mployed               | Position/F                      | Primary Duties       |                         |  |
|   |                      |      | From (mm/dd/yy)       | To (mm/dd/yy)         | Position                        |                      |                         |  |
| Street Address (  | City State           | Zip  |                       | , , , ,               |                                 |                      |                         |  |
|   |                      |      | Hourly Ra<br>Starting | Final                 | l Primary                       | Duties:              |                         |  |
| Supervisor (Name and Title)   |                      |      |                       |                       |                                 |                      |                         |  |
| Tolophono Numbers (s)   |                      |      |                       |                       |                                 |                      |                         |  |
| Telephone Numbers(s)  |                      |      |                       |                       |                                 |                      |                         |  |
| Reason for Leaving:   |                      |      |                       | May We Con            | tact:  Y                        | es 🗌 No              |                         |  |
|   |                      |      |                       |                       |                                 |                      |                         |  |
| DO YOU HAVE ANY TRADE   | _                    |      | PETITIVE O            | BLIGATION             | IS WITH                         | PRESENT OR           | PREVIOUS                |  |
| EMPLOYERS?  Yes No If yes, please explain:  |                      |      |                       |                       |                                 |                      |                         |  |

| OTHER ACCOMPLISHMENTS  |  |                    |          |                          |                           |                     |           |  |  |
|--|--|--------------------|----------|--------------------------|---------------------------|---------------------|-----------|--|--|
| Please list below any other job related accomplishments, professional distinctions, certifications, or verifiable volunteer work.  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
| MILITARY HISTORY   |  |                    |          |                          |                           |                     |           |  |  |
| Military Se  | rvice Status   |                    |          | Dates of Service From To |                           |                     |           |  |  |
| ☐ Veteran ☐ Nor  | n-Veteran  |                    |          |                          |                           | 110111              | 10        |  |  |
| National Guard   | Reserves   |                    |          |                          |                           |                     |           |  |  |
| Advanced ROTO  | cary training related to the job for                           | which you are an   | polying? |                          | ☐ Yes ☐ No                | IF YES, PLEASE E    | EVDI AINI |  |  |
| Did you receive any milit  | ary training related to the job for                            | willcir you are ap | plying:  |                          | ☐ fes ☐ No                | IF TES, PLEASE E    | EXPLAIN   |  |  |
|  |  | DEC                | ERENCE   | <b>-</b> C               |                           |                     |           |  |  |
| List thus a secondary was an   | t av acha al vafavana a that A                                 |                    |          |                          | to contact. All informati | ion observed by one | /         |  |  |
|  | t or school references that A<br>et numbers, zip codes, area o |                    | трапу па | s permission i           | to contact. All informati | ion snouia be con   | пріете    |  |  |
| Name   | Street   | City               | State    | Zip                      | Telephone No.             | Occupation          | Years     |  |  |
|  |  |                    |          |                          |                           |                     | Known     |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  |  |                    |          |                          |                           |                     |           |  |  |
|  | APPLICANT'S STATE  | MENT AND S         | IGNATUI  | RE (Please rea           | ad carefully before signi | ng)                 |           |  |  |
| I certify that all answers given here are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, with exception of contacting my present employer if I have requested so on page two.   |  |                    |          |                          |                           |                     |           |  |  |
| I authorize an inquiry into my background by all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, doctors and other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc.   |  |                    |          |                          |                           |                     |           |  |  |
| I authorize the references listed above to give representatives of Atlanta Bread Company any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result.  |  |                    |          |                          |                           |                     |           |  |  |
| If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview may result in immediate discharge.   |  |                    |          |                          |                           |                     |           |  |  |
| While this application will be retained on file for a period of one year (as required by law), I acknowledge that this application for employment will be considered active for a period of sixty (60) days. After the sixty (60) day period, I <u>must submit a new application</u> to be considered for any employment opportunities.  |  |                    |          |                          |                           |                     |           |  |  |
| I understand and acknowledge that, unless otherwise defined by applicable law or written agreement with Atlanta Bread Company ("the Company") any employment relationship with the company is considered "employment at will", which means that the Employee may resign at any time and the Employer may discharge the 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 executed in writing by the President/CEO of Atlanta Bread Company International, Inc. |  |                    |          |                          |                           |                     |           |  |  |
| I understand there is a ninety (90) day introductory period during which time I will be evaluated for successful work performance. My employment during this period or any time period is considered "at will" and may be discontinued at any time.  |  |                    |          |                          |                           |                     |           |  |  |
| I understand that if hired I need to present documents establishing my identity and work eligibility authorization within three (3) days from date of hire. Should I present a receipt for a document, I must present the original document within ninety (90) days from my date of hire. Failure to do so will result in termination.   |  |                    |          |                          |                           |                     |           |  |  |
| NO DRUG USE POLICY: The Company does not hire persons who use illegal drugs. All persons seeking employment or employed at the Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing) at a collection facility designated by Atlanta Bread Company, and further consent to have the specimen tested at a laboratory selected by Atlanta Bread Company. I hereby certify that I (check one) do or do not use illegal drugs.              |  |                    |          |                          |                           |                     |           |  |  |
| Signature of Applicant Date  |  |                    |          |                          |                           |                     |           |  |  |

# "The sun never rises on our bread twice."



## Atlanta Bread Company International, Inc. Mission Statement

We provide the premier bakery café experience where caring people serve quality products.

### ~ Core Values ~

- We are committed to consistently provide the highest quality product.
- We are guided by an entrepreneurial spirit, while maintaining a clear focus on and commitment to our stated business strategies.
- We highly value and respect our relationships with Associates, Franchisees, Guests, and Vendors. Diversity within Atlanta Bread Company is a key contributor to our success.
- We practice open and honest two-way communication, and will continue to identify appropriate channels for effective communication throughout the system.
- We empower our Associates and, in turn, expect accountability.
   We recognize, reward, and celebrate accomplishments.