PHILLY PRETZEL FACTORY EMPLOYMENT APPLICATION

All Philly Pretzel Factory's Franchisees provide equal employment opportunity without regard to age, sex, color, race, creed, national origin, religion, ancestry, status as a veteran, or disability that does not prohibit performance of essential job functions, or any other status protected by applicable law. This policy applies to all areas of employment, including recruitment, hiring, training/development, promotion, transfer, termination, layoff, compensation, and all other conditions of employment.

Personal Information

Name: Last		First	Middle
Street Address		City	
State	Zip Code	Telephone	
Email			_ Are you over 18?
Store Applying for	Position Desired	When can	you start
Educational History			
School Name / Location Years Completed Degree / Diploma			
College			
High School			
Middle School			
Employment Record (List Most Recent Employer First)			
Most recent employer		Date of employ	ment
Address		Phone	
Supervisor		Can we contact this	person?
Reason for leaving?			
Previous Employer		Date of employ	ment
Address		Phone	
Supervisor		Can we contact this	s person?
Reason for leaving?			
References Name/Occupation/Years Known/Telephone#:			
1)			
2)			
3)			

PHILLY SOFT PRETZEL FACTORY EMPLOYMENT APPLICATION

Availability Sheet

It is important that we collect information on your availability for the season, and we ask that you keep in mind that your responses will play a large factor in the hiring decision. Are you able to work after school during the week? If yes, what time can you be here on school days? _____ How many hours a week are you able to work? _____ If you have any special scheduling needs during either the Spring or the Fall due to sports, band practice, etc., please indicate it here: What days/times each week are you available? **SUNDAY MONDAY TUESDAY** WEDNESDAY **THURSDAY FRIDAY SATURDAY** Please indicate any vacations/special occasions that you have planned: REASON REASON ______ DATE(S) _____ Any additional information: I understand that any desired changes to the above schedule must be approved by my manager and may affect my employment status. Signature: Date: _____ Acknowledgement and Authorization I certify that answers given herein 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. This application for employment shall be considered active for a period of time 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 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 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) may result in either a decision not to hire or in discharge of my employment. I understand, also, that I am required to abide by all rules and regulations of the employer Signature: Date: _____