



504 Bay Ave • Capitola, CA 95010 • 831.462.1200 TEL/831.464.6863 FAX

GAYLE'S BAKERY & ROSTICCERIA IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary

Date _____ Position Applied For _____

1. Name: _____
Last First Middle

2. Address: _____
Street City State Zip

3. Telephone Number: (____) _____ - _____ 4. Social Security Number: _____ - _____

4. Are you 18 years of age or older? Yes No
If employed and under the age of 18, can you furnish a work permit? Yes No

5. Do you have a legal right to work in the United States? Yes No
If employed, you will be required to provide proof.

6. Do you have a valid California Food Handler Certificate? Yes No
If employed, you will be required to provide a copy.

7. Have you applied to GAYLE'S BAKERY & ROSTICCERIA for employment in the past? Yes No
If yes, when? _____ Position applied for: _____

8. Do you have any relatives currently employed by GAYLE'S BAKERY & ROSTICCERIA? Yes No
If yes, who? _____ What relation to you? _____

9. Have you ever used another name that we would need in order to verify your employment experience and education?
 Yes No If yes, indicate such name and the date the name changed: _____

10. Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? Yes No
This question does not apply to Juvenile Court convictions or to convictions related to the possession or use of marijuana more than two years ago.
If yes, state when, where, and the nature of such conviction: _____

(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)

11. Are you currently employed? Yes No If yes, may we contact your current employer at anytime? Yes No
 You may contact my current employer, but only when: _____

POSITION

1. Salary/wage desired: _____ per _____
2. When would you be available to start working? _____
3. How did you hear about the availability of the position for which you are applying?
 - Newspaper Advertisement Gayle's Website Other Website _____
 - Friend Relative Walk-In Other: _____
4. If you were referred by a current employee of Gayle's, please give name _____
5. If the position for which you applying required the use of a vehicle, do you have a valid driver's license? Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
6. Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No
 Do you understand these requirements? Yes No
7. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No
8. Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS, EXPERIENCE AND TRAINING

1. Why should you be considered for this position? Be specific: _____

2. Describe specialized training, apprenticeships, internships or skills: _____

3. Check special skills or training/experience:

<input type="checkbox"/> Customer Relations <input type="checkbox"/> Sales <input type="checkbox"/> Cash Register		<input type="checkbox"/> Espresso Bar <input type="checkbox"/> General Computer Skills <input type="checkbox"/> Other _____	Specific Kitchen Equipment: _____ _____ _____
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4. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR	Circle Last Year
High School				9 10 11 12
Junior College		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone
			()
			()
			()

CERTIFICATION ServSafe certification required. Please attach a copy with your application.

DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of GAYLE'S BAKERY & ROSTICCERIA regardless of the time that has elapsed before discovery.

I authorize GAYLE'S BAKERY & ROSTICCERIA or it's designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to GAYLE'S BAKERY & ROSTICCERIA from all liability or responsibility with respect to information supplied to GAYLE'S BAKERY & ROSTICCERIA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with GAYLE'S BAKERY & ROSTICCERIA, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either GAYLE'S BAKERY & ROSTICCERIA or myself. I further understand that no one other than the President of GAYLE'S BAKERY & ROSTICCERIA has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by GAYLE'S BAKERY & ROSTICCERIA, I agree to abide by the rules, policies and procedures of GAYLE'S BAKERY & ROSTICCERIA and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that GAYLE'S BAKERY & ROSTICCERIA believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of GAYLE'S BAKERY & ROSTICCERIA during the time of my employment.

Signature of Applicant _____

Date _____

SCHEDULING COMMITMENT FORM

Name: _____
Last
First
Phone Number

_____ Date Turned In Date Effective*
 *Updates/Changes must be made 2 months in advance.

This is an agreement that you are available to work these hours. Please fill it out carefully and thoughtfully. Any questions or confusion—talk to a manager so we can help out.

Weekends: Weekend availability is required.
Holidays: Regular schedules do not apply during Holiday weeks; you may be asked to work different and/or additional shifts.

Initials _____

YOUR AVAILABILITY

1. Ideal number of hours per week: Minimum: _____ Maximum: _____

2. Ideal number of shifts per week: _____

DAYS OF THE WEEK	TOTAL AVAILABILITY*	HOURS UNAVAILABLE	IDEAL SCHEDULE
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

*Please list ALL hours you are available to work; the more you are available, the more hours you are likely to be scheduled.

Signature of Applicant

Date

7/27/17