



**EMPLOYMENT HISTORY**

List all present &amp; past employment, beginning with your most recent for the past seven years. Please attach additional sheets if necessary.

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:		
		YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM (MO./YR.)	TO (MO./YR.)			
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				
COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:		
		YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM (MO./YR.)	TO (MO./YR.)			
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				
COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:		
		YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM (MO./YR.)	TO (MO./YR.)			
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				
COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:		
		YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM (MO./YR.)	TO (MO./YR.)			
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				

EDUCATIONAL DATA							
NAME & ADDRESS OF SCHOOL	DATES ATTENDED*		GRADUATED		DATE DEGREE CONFERRED	MAJOR	MINOR
	FROM (MO./YR.)	TO (MO./YR.)	YES	NO			
HIGH SCHOOL	N/A	N/A			N/A	N/A	N/A
COLLEGE/ OTHER							
GRADUATE SCHOOL							

\*INFORMATION REQUIRED TO SECURE RECORDS AND ALL PERTINENT DATA FROM SCHOOL OFFICIALS.

ARE YOU PRESENTLY ENROLLED IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE ENROLLED?  <input type="checkbox"/> DAY <input type="checkbox"/> EVENING
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**OTHER ACCOMPLISHMENTS**

Please list below any job related accomplishments, professional distinctions, certifications or verifiable volunteer work.

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**MILITARY HISTORY**

BRANCH OF SERVICE	DATES OF SERVICE	
	FROM	TO

DID YOU RECEIVE ANY MILITARY TRAINING RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**PROFESSIONAL REFERENCES (do not list family members)**

NAME	ADDRESS	OCCUPATION/TELEPHONE #
1.		Occupation: Telephone #: (     )     )
2.		Occupation: Telephone #: (     )     )
3.		Occupation: Telephone #: (     )     )

**SIGNATURE**

The Smoke-Free Arizona Act, A.R.S. 36.601.01, prohibits smoking in all places of employment. The smoke-free Arizona Act specifically prohibits smoking in all work buildings & work vehicles & within 20 feet in any direction from any doors, windows, and/or ventilation systems of any buildings. The company prohibits smoking in all areas except those locations what have been specifically designated as smoking areas.

All applicants will receive consideration without regard to color, sex, marital status, sexual orientation, religion, age, natural origin, disability, handicap, veteran status, or any other protected category. Reasonable accommodation will be provided in accordance with the law.

Paradise Bakery & Café, Inc. does not require or administer a lie detector test as a condition of employment. Such testing is prohibited in some states and an employer who violates this probation shall be subject to criminal and civil liability.

Paradise Bakery & Café, Inc. is an equal opportunity employer. No question on this application is intended for the purpose of limiting of excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

*By my signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that any statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from employment.*

*I authorize verification and investigation of the statements made on this application and of my employment history.*

*If I am accepted for employment, I understand and agree that such employment will be at will and may be terminated by either party at any time with reason or for no reason and with or without prior notice. I further understand and agree that this at-will employment status constitutes the entire understanding between me and the company regarding the right & ability of either party to terminate employment and that this at-will status cannot be changed except through a written understanding signed by the President of the Company.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date