PORTLAND FRENCH BAKERY

6840 North Marine Drive Portland, Oregon 97203 Ph: (503) 283-3831 Fax: (503) 283-0147

Employment Application

		Applicant	Information				
Full Name:					Date:		
Address:	Last	First		М.І.			
, 1001000.	Street Address			Apartme	ent/Unit #		
	City			State	ZIP Cod	de	
Phone: ()	E-m	nail Address:				
Date Availa	ble:	Social Security No.:		Desired Sa	ılary: <u>\$</u>		
Position Ap	plied for:					VEO	
Are you a c	itizen of the United State		lf no, are you au	ithorized to wo	ork in the U.S.?	YES	
Have you e	ever worked for this comp		If so, when?				
Have you e	ever been convicted of a f						
lf yes, expla	ain:						
		Edu	cation				
High Schoo	bl:	Address:					
From:		Did you graduate?	YES NO	Degree:			
College:		Address:					
From:	То:	Did you graduate?	YES NO	Degree:			
Other:		Address:					
From:	То:	Did you graduate?	YES NO	Degree:			
		Refe	erences				
Please list	three professional refer	rences.					
Full Name:			Relationship:				
Company:				Phone:	()		
Address:							
Full Name:			Relationship:				
Company:				Phone:	()		
Address:							
Full Name:			Relationship:				
Company:				Phone:	()		
Address:							

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Previous Employ	yment
Company:	_ Phone: _ (_)
Address:	Supervisor:
Job Title: Starting Salary:	
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous supervisor for a reference?	
Company:	_ Phone: _ (_)
Address:	Supervisor:
Job Title: Starting Salary:	Salary: _\$
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous supervisor for a reference?	
Company:	Phone: ()
Address:	Supervisor:
Job Title: Starting Salary:	Salary: _\$
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous supervisor for a reference?	
Military Servi	ice
Branch:	From: To:
Rank at Discharge: Type	of Discharge:
If other than honorable, explain:	
Disclaimer and Sig	gnature
I certify that my answers are true and complete to the best of my i	knowledge.
If this application leads to employment, I understand that false or may result in my release.	-

Signature:

Date:

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Equal Employment Opportunity Form

Applicant Information										
Full	Full Name:									
Last Address:				irst M.I.						
Auui	Street Address				Apartment/Unit #					
<i>City</i> Home Phone: ()			Social Security N	State ZIP Code						
Posi	tion Applied for:									
Voluntary Information This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.										
Raci	al or Ethnic Group									
	American Indian/Alaskan		Asian/Pacific Islander		Black/African American					
	Hispanic/Latino		White/Caucasian		Other					
Gender										
	Female		Male							
Milit	Military Service									
	Pre-Vietnam Era		Vietnam Era							
	Post-Vietnam Era		Disabled Veteran							
How did you hear about this position?										
	Newspaper		Company Employee		Professional Publication					
	Job Fair		Placement Office		Web Site					
	Other									