EMPLOYMENT HISTORY							
Beginning with your present or most recent employ service, volunteer experience and periods of unen is submitted.							
Employer	Employed from:	To:					
Address:	Supervisor	Supervisor					
Phone	Hours worked/week	ý					
Position	Last salary						
Primary duties							
Number of employees supervised by you	May we contact this employer						
Reason for leaving							
Employer	Employed from:	Employed from: To:					
Address:	Supervisor	Supervisor					
Phone	Hours worked/week	Starting salar	tarting salary				
Position	Last salary						
Primary duties							
Number of employees supervised by you	May we contact this employer	Supervisor's phone					
Reason for leaving							
PROFESSIONAL REFERENCES Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance							
Name	Place of employment/1	Place of employment/title					

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by CamiCakes, LLC, for dismissal. I authorize CamiCakes, LLC to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application.

I understand that employment with the Employer is "at-will", which means that either CamiCakes, LLC or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's signature_____

Date_____



Employment Application CamiCakes, LLC is an Equal Opportunity Employer

POSITION APPLIED FOR									
Thank you for your interest ir			LLC as an	employer	. Only f	final co	andidate	s for poste	b
openings will be contacted	perso	nally.							
GENERAL INFORMATIO	N								
Name (last, first, middle initial)						Social Security No. (Optional)			
Street Address		City, State					ote, Zip		
Home Phone No.	Cellular Phone No.								
Are you authorized to work in the United States? Proof of Authorization will be required post hire. Yes No									
TRAINING AND EDUCATIONCIRCLE HIGHEST GRADE COMPLETED:89101112GED									
Colleges/other training		Major/subject			Degree/certificates				
							_		
ADDITIONAL SKILLS De	escrib	e skills	relevan	t to the j	ob for	whic	h you a	ire applyi	ing
SKILL	TYPE (OF EXPERIENCE		LEVEL OF EXPERTISE					
Can you perform the essentic Yes No	ıl funct	ions of th	e job with c	or without r	easonal	ole acc	ommoda	tion?	
BACKGROUND INFORM	ΛΑΤΙΟ)N							
EACH CASE IS CONSIDERED) SEPA	RATELY	BASED ON	I JOB DUT	ies and	PERFC	DRMANC	e Areas	
Have you been convicted of Conviction will not necessarily						•	0) years?	Yes	No

Please turn over and complete page 2