



EMPLOYMENT APPLICATION

Ly Brothers Corporation
DBA: Sugar Bowl Bakery

An Equal Opportunity Employer

Visit our Website at www.sugarbowlbakery.com

Date: _____

Thank you for considering Sugar Bowl Bakery (SBB) as your potential employer. Please know that we do not base employment decisions on an individual's race, sex, color, religion, national origin, age, disability or any other characteristic protected by federal, state or local law. In addition, **SBB** will endeavor to make a reasonable accommodation to enable applicants to participate in the hiring process and employees to perform the essential functions of their job. Please advise us if you need assistance completing this application, participating in the interview and selection process, or performing the essential functions of the job for which you are applying.

Location you are requesting to work (check one): Hayward, CA Tucker, GA

PERSONAL INFORMATION (Please Print)

Name	(First)	(Middle)	(Last)	Present Telephone Number
Present Address	(Street)	(City)	(State)	(Zip)

If hired can you provide proof of age? Yes No

If hired can you provide proof of your eligibility to work in the U.S.? Yes No

Have you signed an employment contract, confidentiality agreement or any other contract, which might affect your employment at Sugar Bowl Bakery? Yes No (If yes, please provide a copy to us.)

Have you ever been employed by Ly Brothers Corporation or any of its subsidiaries? Yes No If yes, please indicate date and location _____

Are you related to any current employee of **SBB**? Yes No If yes, please identify employee and specify relationship _____

Position you are applying for:	Date Available Or
Willing to travel? Yes <input type="radio"/> No <input type="radio"/> Willing to work weekends and holidays? Yes <input type="radio"/> No <input type="radio"/> Willing to relocate? Yes <input type="radio"/> No <input type="radio"/> Willing to work nights? Yes <input type="radio"/> No <input type="radio"/>	Referred By:
Are you available to work Full time <input type="radio"/> Part time <input type="radio"/>	

EDUCATIONAL HISTORY

NAME OF SCHOOL	ADDRESS/CITY/STATE	GRADUATED?	DEGREE	MAJOR	GPA
High School:		<input type="radio"/> Yes <input type="radio"/> No			
College:		<input type="radio"/> Yes <input type="radio"/> No			
Other Schools (Past & Present)		<input type="radio"/> Yes <input type="radio"/> No			

REFERENCES (Business, Educational, or Professional)

Please list persons who can comment on your abilities and past performance as they relate to the position for which you are applying.

Please do not list personal references.

FULL NAME	CITY, STATE AND TELEPHONE	RELATIONSHIP	YEARS KNOWN

WORK HISTORY (Including Summer and Part Time Work)

May we contact your present employer at this time? Yes No

Present Or Last	Company	From MO/YR	Position Title	Supervisor
Address and Phone Number		To	Position Title	Supervisor
		Reason for Leaving		

May we contact employer at this time? Yes No

Previous Employment	Company	From MO/YR	Position Title	Supervisor
Address and Phone Number		To	Position Title	Supervisor
		Reason for Leaving		

May we contact employer at this time? Yes No

Previous Employment	Company	From MO/YR	Position Title	Supervisor
Address and Phone Number		To	Position Title	Supervisor
		Reason for Leaving		

May we contact employer at this time? Yes No

Previous Employment	Company	From MO/YR	Position Title	Supervisor
Address and Phone Number		To	Position Title	Supervisor
		Reason for Leaving		

Note: If you have not submitted a resume, please attach a written description of your job duties at each of the previous employers listed above.

COMMENTS: Include explanation of any gaps in employment.

Were you ever discharged or asked to resign? Yes _____ No _____ If yes, please briefly explain why.

Describe any Specialized Training, Apprenticeships or Extracurricular Activities (include offices held and Academic Honors)

You may exclude information indicative of age, sex, race, religion, color, national origin, disability or other characteristics protected by law.

Describe any job-related training received in the military:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experiences*

NOTE TO APPLICANTS:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? You have reviewed the activities involved in such a job or occupation and can perform the functions.

Yes No

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON (1) THE VERIFICATION OF DATA I HAVE PROVIDED, (2) A FAVORABLE BACKGROUND CHECK REPORT (INCLUDING ANY CRIMINAL HISTORY), (3) NEGATIVE DRUG SCREEN TEST AND POSSIBLE PHYSICAL EXAMINATION PROVIDED AT COMPANY EXPENSE, AND (4) EXECUTION OF BOTH THE COMPANY'S EMPLOYEE CONFIDENTIALITY AND INVENTION ASSIGNMENT AGREEMENT AND THE COMPANY'S ARBITRATION AGREEMENT. I UNDERSTAND AND CERTIFY THAT ALL THE INFORMATION I PROVIDE IN THIS APPLICATION AND ANY OTHER INFORMATION I PROVIDE TO THE COMPANY IN CONNECTION WITH MY REQUEST FOR EMPLOYMENT, INCLUDING INFORMATION GIVEN DURING ANY INTERVIEW, ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACT WILL BE CAUSE FOR REFUSAL OF EMPLOYMENT OR, IF EMPLOYED, TERMINATION OF EMPLOYMENT WITH THE COMPANY. I AGREE THAT THE COMPANY MAY CONTACT ANY OF THE REFERENCES OR PREVIOUS EMPLOYERS/SUPERVISORS LISTED ABOVE AND RELEASE ALL PERSONS FROM LIABILITY FOR DOING SO. **I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MADE TO ME IS FOR EMPLOYMENT "AT WILL" AND MY EMPLOYMENT BY THE COMPANY IN NO WAY BINDS EITHER THE COMPANY OR ME TO A CONTRACTUAL EMPLOYMENT OBLIGATION AND SUCH EMPLOYMENT CAN BE TERMINATED AT WILL BY EITHER PARTY FOR ANY REASON OR NO REASON, WITH OR WITHOUT NOTICE AT ANY TIME.** I ALSO UNDERSTAND THAT ANY EMPLOYEE HANDBOOK OR SIMILAR WRITINGS, AND COMMUNICATIONS OF ANY KIND, WHETHER ORAL OR WRITTEN, DO NOT CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ITS EMPLOYEES. THE COMPANY AND ALL BENEFIT PLAN ADMINISTRATORS RESERVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO CHANGE, ALTER, INTERPRET, DISCONTINUE, ENHANCE OR OTHERWISE MODIFY ALL POLICIES, PROCEDURES AND BENEFIT PLANS.

I have read, understand and agree to the above statements.

Applicant's Signature

Date