

Number _____

MARTIN'S FAMOUS PASTRY SHOPPE, INC.
1000 POTATO ROLL LANE, CHAMBERSBURG, PA 17202
JOB HOTLINE NUMBER: 717-262-1743 FAX NUMBER: 717-263-6691
E-MAIL: resumes@mfps.com

APPLICATION FOR EMPLOYMENT

Position Applying For: _____ **Date:** _____
(You must complete a separate application for each position that you are applying for.)

Date Available: _____

Check Type of Employment Desired: Full Time Part Time Temporary Seasonal

Check Days Available: Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed I understand that my employment will be on a trial period for three months from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause and with or without notice at any time, and that the Company has a similar right. I understand that no manager or representative of Martin's Famous Pastry Shoppe, Inc. 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, except only the president may do so in writing.

I understand that I will be required to undergo a drug and alcohol screening test, whether by urinalysis, blood test, breathalyzer, or other procedure, both prior to employment and during employment, and I hereby give my consent to any such test. I understand that the Company reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I consent to the release of results of any such test or examination to the Company. I further understand that I may be required to undergo pre-employment and/or biennial D.O.T. physical examinations. I consent to the release of results of any such examination to Martin's Famous Pastry Shoppe, Inc.

In making this application for employment, I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I understand that the information I have provided on this application may be used, and my prior employers may be contacted, for the purpose of investigating my background. I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give Martin's Famous Pastry Shoppe, Inc. or its designee any and all information concerning my previous employment and any pertinent information they may have, and release such parties from all liability for any damages that may result from furnishing same to Martin's Famous Pastry Shoppe, Inc.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in exclusive judgment of the Company), I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status or any other classification protected by federal, state or local law.

**ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY.
IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.**

(PLEASE TYPE OR PRINT)

PERSONAL DATA

Name _____
Last First Middle Name

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE YEARS

Present Address _____ Telephone No. _____
Street Apt.

_____ City State Zip

County _____

How Long Have You Lived There? _____
Years Months

Township/Boro _____

Previous Address _____
Street Apt.

_____ City State Zip

How Long Did You Live There? _____
Years Months

Previous Address _____
Street Apt.

_____ City State Zip

How Long Did You Live There? _____
Years Months

Have you ever worked for this Company before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No

If yes, Name: _____ Relationship: _____

Are you 18 years of age or older? Yes No

Are you legally able to work in the United States? Yes No

*Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If yes, please give date and details of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment.
*Maryland Applicants: If you have been charged but expunged, please do not respond to this question.

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, explain: _____

SOURCE OF REFERRAL

Advertisement - Name of Publication: _____

Employee – Name: _____

School/College Posting

Church Posting

Martin's Job Hotline

Employment Agency Other: _____

PERSONAL REFERENCES

Please list persons who know you well - Not previous employers or relatives

Name	Occupation	Address (Street, City, and State)	Telephone Number	Number of Years Known

EDUCATION

Name of School Attended	Years Completed: (Circle)	Diploma/Degree Received	Describe Course of Major Study	Describe Specialized Training, Experience, Skills and Extra- Curricular Activities
High School	1 2 3 4			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

RECORD OF PREVIOUS EMPLOYMENT **NOTE: IF YOU ARE APPLYING FOR AN OVER-THE ROAD DRIVER (CDL) POSITION YOU MUST COMPLETE 10 YEARS OF DRIVING HISTORY**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. If you need more space, continue on the back.

<p>_____ Name of Present/Last Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone</p>	<p><u>Employed</u> From (mo/yr)</p> <p>To (mo/yr)</p>	<p><u>Pay</u> Start Final \$ \$</p> <p>_____ <u>Your Title or Position</u></p>	<p><u>Duties:</u></p>	<p><u>Name and Title of Last Supervisor</u></p> <p>_____ <u>Reason for Leaving</u></p>
<p>_____ Name of Previous Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone</p>	<p><u>Employed</u> From (mo/yr)</p> <p>To (mo/yr)</p>	<p><u>Pay</u> Start Final \$ \$</p> <p>_____ <u>Your Title or Position</u></p>	<p><u>Duties:</u></p>	<p><u>Name and Title of Last Supervisor</u></p> <p>_____ <u>Reason for Leaving</u></p>
<p>_____ Name of Previous Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone</p>	<p><u>Employed</u> From (mo/yr)</p> <p>To (mo/yr)</p>	<p><u>Pay</u> Start Final \$ \$</p> <p>_____ <u>Your Title or Position</u></p>	<p><u>Duties:</u></p>	<p><u>Name and Title of Last Supervisor</u></p> <p>_____ <u>Reason for Leaving</u></p>
<p>_____ Name of Previous Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone</p>	<p><u>Employed</u> From (mo/yr)</p> <p>To (mo/yr)</p>	<p><u>Pay</u> Start Final \$ \$</p> <p>_____ <u>Your Title or Position</u></p>	<p><u>Duties:</u></p>	<p><u>Name and Title of Last Supervisor</u></p> <p>_____ <u>Reason for Leaving</u></p>
<p>_____ Name of Previous Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone</p>	<p><u>Employed</u> From (mo/yr)</p> <p>To (mo/yr)</p>	<p><u>Pay</u> Start Final \$ \$</p> <p>_____ <u>Your Title or Position</u></p>	<p><u>Duties:</u></p>	<p><u>Name and Title of Last Supervisor</u></p> <p>_____ <u>Reason for Leaving</u></p>

Have you ever been terminated or asked to resign from any job? Yes No

If yes please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No
If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions:

- | <u>OFFICE</u> | <u>SALES</u> | <u>WAREHOUSE</u> | <u>OTHER</u> |
|--|---|--|---|
| <input type="checkbox"/> CONTROLLER | <input type="checkbox"/> SALES MANAGER | <input type="checkbox"/> WAREHOUSE MANAGER | <input type="checkbox"/> AWARDS _____ |
| <input type="checkbox"/> OFFICE MANAGER | <input type="checkbox"/> AREA MANAGER | <input type="checkbox"/> SUPERVISOR | _____ |
| <input type="checkbox"/> BOOKKEEPER | <input type="checkbox"/> ACCOUNT MANAGER | <input type="checkbox"/> CHECKER | <input type="checkbox"/> PUBLICATION(S) _____ |
| <input type="checkbox"/> ACCOUNTS RECEIVABLE | <input type="checkbox"/> ROUTE SALES | <input type="checkbox"/> FORKLIFT OPERATOR | _____ |
| <input type="checkbox"/> ACCOUNTS PAYABLE | <input type="checkbox"/> PRE-SALES | <input type="checkbox"/> MAINTENANCE | _____ |
| <input type="checkbox"/> PAYROLL CLERK | <input type="checkbox"/> DRAFT SALES | <input type="checkbox"/> MECHANIC | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CASHIER | <input type="checkbox"/> DELIVERY DRIVER | | <input type="checkbox"/> _____ |
| <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> HELPER | | |
| <input type="checkbox"/> SECRETARY | <input type="checkbox"/> MERCHANDISER | | |
| | <input type="checkbox"/> ON-PREMISE MANAGER | | |

THIS APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ Date _____ Signature of Applicant _____

FOR OFFICE USE ONLY

Reference Checks Completed by _____ Date ____/____/____

Position Hired For _____ Location _____

Full-time Part-time Seasonal Temporary Start Date ____/____/____ Starting Rate \$ _____ per _____

Supervisor _____ Shift _____ Timeclock Terminal # _____

**NOTE: Complete this form *only* if you are applying for one of the following positions:
Route Sales, Vehicle Maintenance, General Maintenance, Over- the- Road Driver or Receiving.**

DRIVING INFORMATION (VEHICLE OPERATORS ONLY)

List all unexpired motor vehicle operator's license or permit.

License No.	State	Expiration Date	Class	Restrictions

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has your license, permit, or privilege to operate a motor vehicle ever been suspended or revoked? Yes No

Have you ever been denied insurance to drive a motor vehicle? Yes No

If you answered "yes" to any of the above inquiries, please describe the relevant facts and circumstances:

DRIVING EXPERIENCE

Complete only if applying for position requiring operation of vehicular equipment.

Class of Equipment Operated	Type of Equipment (van, truck, bus, etc.)	Dates		Appropriate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor-Semi-trailer				
Tractor-two trailers				
Other				

List those states in which you operated a motor vehicle in the past five years: _____

Have you completed any special courses or training that will help you as a driver? Yes No

If yes explain: _____

Describe any safe driving awards, you have received (when you received them, for what, from whom etc.): _____

Date of last D.O.T. physical _____ Did you qualify? Yes No

Name and address of doctor performing last D.O.T. physical _____

ACCIDENT RECORD

List motor vehicle accidents you have had over the past three (3) years.

Last accident _____ / /

DATE

Next Previous _____ / /

DATE

Next Previous _____ / /

DATE

VIOLATION RECORD

List traffic convictions and bond or collateral forfeitures for violation of motor vehicle laws for the past three (3) years (other than parking violations).

Location/Jurisdiction	Date	Offense (if speeding, rate, and limit)	Vehicle	Penalty

THIS CERTIFIES THAT THIS APPLICATION WAS COMPELETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION ON IT ARE COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ Date

_____ Signature