

BUDEKE'S, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

All employment decisions are made without regard to unlawful considerations of race, sex, religion, national origin, sexual orientation, age, disability, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

***** PLEASE ANSWER ALL QUESTIONS *****

PERSONAL INFORMATION

NAME Last	First	Middle	Social Security Number:
PRESENT ADDRESS Street			HOME PHONE:
City			MOBILE PHONE:
State			
Zip Code			
If hired, can you provide documentation of your identity and eligibility for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			
You will be required, if hired, to complete an I-9 form.			
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the date you left and the reason for leaving:		Do you have any relatives employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give names:	
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the date you applied and the position you previously applied for: _____			

EMPLOYMENT DESIRED

Position desired	Date you can start, if offered employment	Compensation desired
Are you applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Hours and days available:
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No (The Human Resources representative will provide a description of the essential functions of the position.)		
If required, are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe your qualifications for this work and any special skills or experiences you possess that will be of special benefit in the job for which you are applying:		
Which source prompted your application? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other <input type="checkbox"/> Employee Please provide name:		
List any special licenses or certifications that you have that you believe would help you do the job applied for:		
Do you have transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS: (Exclude those which may disclose your race, color, religion, sex, national origin, ancestry, age, mental or physical handicap, citizenship status, or membership in any other protect class.)		

Have you ever been discharged by any employer? Yes No . Have you ever had disciplinary problems (for example, demotions, suspensions, warnings, etc.) with any previous employer? Yes No . If "Yes" to either question or both questions, please provide name of employer(s) and briefly explain reasons for discharge and/or disciplinary problems:

EDUCATION

NAME AND ADDRESS OF SCHOOL	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA RECEIVED/COURSE OF STUDY
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College or College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Vocational School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the name, address and telephone number of three professional or non-related personal references.

	NAME	RELATIONSHIP	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1.					
2.					
3.					

WORK HISTORY (please fill out completely, even if accompanied by resume)

(List most recent work experience (paid or unpaid) first. Account for all time and complete all items.)

Company Name: _____ Telephone () _____		DATES EMPLOYED	
Address: _____ Street _____ City _____ State _____ Zip Code _____		From Mo./Yr. _____	To Mo./Yr. _____
Your Title and Description of Work Performed: _____		BASE RATE OF PAY	
Supervisor: _____		Start _____	End _____
Reason for Leaving: _____			
Company Name: _____ Telephone () _____		DATES EMPLOYED	
Address: _____ Street _____ City _____ State _____ Zip Code _____		From Mo./Yr. _____	To Mo./Yr. _____
Your Title and Description of Work Performed: _____		BASE RATE OF PAY	
Supervisor: _____		Start _____	End _____
Reason for Leaving: _____			
Company Name: _____ Telephone () _____		DATES EMPLOYED	
Address: _____ Street _____ City _____ State _____ Zip Code _____		From Mo./Yr. _____	To Mo./Yr. _____
Your Title and Description of Work Performed: _____		BASE RATE OF PAY	
Supervisor: _____		Start _____	End _____
Reason for Leaving: _____			
Company Name: _____ Telephone () _____		DATES EMPLOYED	
Address: _____ Street _____ City _____ State _____ Zip Code _____		From Mo./Yr. _____	To Mo./Yr. _____
Your Title and Description of Work Performed: _____		BASE RATE OF PAY	
Supervisor: _____		Start _____	End _____
Reason for Leaving: _____			

Please attach an additional sheet, if necessary, to provide further information regarding your work history.

Sign in both blanks below.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I HAVE READ AND UNDERSTOOD THE ABOVE.

Signature _____

Date _____

APPLICANT'S STATEMENT AND AUTHORIZATION

(Applicant should read carefully before signing)

I certify that all of the information provided in this application and during the interview process is true and complete. I authorize the investigation of all statements contained in this application and/or made during the interview process. I understand that any misrepresentation or omission of facts called for in this application or during the interview process is cause for immediate dismissal.

I authorize the Company or its designee to contact my former employers for references regarding my work performance and other information concerning my previous employment, including the dates of my employment, my job titles and responsibilities and my compensation. I hereby authorize my previous employers to respond to your requests and to provide you with the requested information, and I release all persons connected with any such request for information from all claims and liability which may arise from the release or use of such information.

I understand and agree that if I am employed, my employment will be for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time, for any reason, with or without cause, with or without notice, at the option of either Budeke's, Inc. or myself.

I understand that as a condition of employment I may be required to submit to a medical examination, including a drug and alcohol screening, and I agree to submit to such examinations/tests.

I also authorize the Company to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of its property or any other amounts which I may lawfully owe the Company, or for which I have received full consideration.

Signature _____

Date _____