

We consider applications for all positions without regard to race, color religion, creed, gender, national origin, age, disability, marital or veteran status or legal protected status. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. PLEASE PRINT Who referred you to us Position applied for: Date: APPLICANT DATA Full Name: City: Address: State: Zip: Phone: (Cell/Pager/Other Phone E-Mail Address: Date available to start Social Security #: Salary Requirement If you are hired and are under 18 years of age, can you provide required proof of your eligibility to work? ■ No ☐ Yes if no please explain:_ Have you ever applied to Goldie's before? ☐ Yes ☐ No Have you worked for Goldie's before? ☐ Yes ☐ No if yes, when and which location? Are you authorized to work in the United States? ☐ Yes ■ No (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted) Type of employment desired: ☐ Full Time ☐ Part Time ☐ Temporary/Seasonal ■ Days ☐ Nights If yes, What County? ____ Do you have a Food Handler's permit? ☐ Yes ☐ No _ Exp Date_ Have you ever pled "guilty.", "no contest", or been convicted of a criminal offense either felony or misdemeanor? * ☐ Yes ☐ No If yes, give dates and details? * Answering "yes" to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered. **EDUCATION:** (Management & Corporate applicants only) High School: Address: # Years Completed: Diploma ☐ GED ☐ Did not graduate College: Address: ☐ Degree/Certificate Major: # Years Completed: ☐ Did not graduate Other: Address: # Years Completed: **REFERENCES:** Please furnish the names, addresses and telephone numbers of two business references by whom you are not related. Name: Phone: (City: Address: State: Zip:

Phone: (

State:

Zip:

City:

Name:

Address:



PREVIOUS EMPL	OTMENT (be	gin with mo	st recent pos	ition):	
Dates of Employment:	From/_		To		Position(s) Held:
Firm:			Addre	ess:	
Phone: ()) Supervisor:				Title:
Responsibilities					
Starting salary & Title: Ending Salary & Title:					
Reason for Leaving:					
May we contact this en	mployer for a re	eference?	☐ Yes	□ No	
Dates of Employment:	From/_	/	То	_//_	Position(s) Held:
Firm:			Addre	ess:	
Phone: ()	Supervisor:				Title:
Responsibilities					
Starting salary & Title: Ending Salary & Title:					
Reason for Leaving:					
May we contact this en	mployer for a re	eference?	☐ Yes	☐ No	
Dates of Employment:	From/_	/	То	_//_	Position(s) Held:
Firm:			Addre	ess:	
Phone: ()		Supervis	sor:		Title:
Responsibilities					
Starting salary & Title: Ending Salary & Title:					
Reason for Leaving:					
May we contact this en	mployer for a re	ference?	☐ Yes	☐ No	
If you worked in any of you Name:	ur previous positio @ Firm	ns under anot	_	ease give th	at name(s) below: (For reference checking purposes) @Firm
personal, employment, educ	ational, financial, d	and medical h	istory and oth	ner related m	ze Goldie's to make such investigations and inquiries of my natters as may be necessary for an employment decision. I quiries in connection with my application.
In the event I am employed,	I understand that f	alse or mislea	ding informa	tion given in	my application or interview(s) may result in discharge.
Signature of Applicant: _					Date:
Interviewed by:			Inte	rviewers Re	emarks:

Were two references verified? ☐ Yes

☐ No

Were two previous employers verified?

☐ Yes

☐ No