



*Beatrice Bakery Co.*  
BAKING AMERICA'S BEST®

201 S 5<sup>th</sup> Beatrice NE 68310  
402/223-2358

## APPLICATION FOR EMPLOMENT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Are you 18 years of age Y  N

Are you lawfully authorized to work in the United States? Y  N

What position are you applying for? \_\_\_\_\_

Have you previously worked for Beatrice Bakery Co., if yes when? \_\_\_\_\_

### Employment History

Most recent:

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_

Phone number \_\_\_\_\_ May we contact this employer? Y  N

Dates employed from \_\_\_\_\_ to \_\_\_\_\_ Leaving salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous:

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_

Phone number \_\_\_\_\_ May we contact this employer? Y  N

Dates employed from \_\_\_\_\_ to \_\_\_\_\_ Leaving salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### Education

High School Name \_\_\_\_\_ Years attended \_\_\_\_\_

College/University \_\_\_\_\_ Years attended \_\_\_\_\_ Degree \_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT

I understand that Beatrice Bakery Co (the Company) will attempt to verify statements made on my application and made during my employment interview (if any). I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. I also authorize all reference that provide to furnish the Company with any information concerning me. In consideration of the Company's review of this application. I release the Company, current and former employers and other references that I provide from and liability as a result of the furnishing and receiving this reference information. I understand that my failure to sign this reference release so the Company may make a full background check of my work history will render the application invalid.

I understand that false, incomplete or misleading statements on this application or while being processed for a potential employment may be consider sufficient cause for the invalidation of my application or dismissal, if I am hired. The use of this application form does not indicate there are positions open and does obligate the Company to hire me. I understand that nay offer of employment made to me by the Company is conditioned on the satisfactory results of a test for drug/alcohol abuse, and my signing of the necessary medical release forms so the Company may complete a post-offer examination of my physical condition. I also understand that, if I am hired, I may again be required to submit to drug/alcohol test and sign necessary medical release forms during my employment with the Company, subject to any applicable local, state and federal laws. I understand that the refusal to submit to the drug test or failure to pas the test according to the standards established by the Company, or the refusal to sign any necessary medical release forms when requested, will disqualify me from further consideration for employment and that, if I have been hired, I maybe suspended or terminated immediately.

My signature below indicated my consent to this authorization:

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Signature

Date