



PETRI BAKING PRODUCTS, INC.
APPLICATION FORM
An Equal Opportunity Employer

Date: _____

Name: _____
Last First Middle Initial

Address: _____
Number and Street City State Zip

Telephone Number: (____) _____ Cell Number: (____) _____

Position of Interest _____
(Please be specific) _____

APPLICATION FOR EMPLOYMENT

Petri Baking Products, Inc. is an equal opportunity employer and will not discriminate against applicants or employees on the basis of race, color, creed, religion, national origin, sex, age, disability, marital status, sexual orientation, military status, genetic predisposition or carrier status, or any other legally protected class or status recognized by federal, state, or local law.

Please contact our Human Resources Department at (716) 934-2661 if you require any reasonable accommodations to apply for a position with our company.

PLEASE PRINT AND COMPLETE ALL INFORMATION

Referral Source: _____

Are you at least 18 years of age? Yes _____ No _____

Are you a U.S. Citizen or authorized to work in the U.S.?
(Proof required upon hire) Yes _____ No _____

Have you previously applied to Petri Baking Products, Inc.? Yes _____ No _____

If Yes, when? _____

Have you previously worked for Petri Baking Products, Inc.? Yes _____ No _____

If Yes, when? _____

Have you ever been convicted of a felony? Yes _____ No _____

If Yes, explain: _____

EDUCATION:

	Elementary	High School	College	Other
Name of School:				
City and State:				
Number of Years:				
Graduate (Yes/No):				
Degree:				

WORK PREFERENCE

Full-Time _____ Part-Time _____ Temporary _____ Date Available _____
 Hours Available: _____ Overtime? Yes _____ No _____
 Days Available M _____ T _____ W _____ TH _____ F _____ Sat. _____ Sun. _____ Holidays _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the **most recent**, including military experiences. Explain any gaps in employment in comment section below.

Employer _____ Telephone (____) _____
 Address _____
 Job Title _____
 Immediate supervisor and Title _____
 Reason for leaving _____
 May we contact for a reference? Yes _____ No _____
 Dates Employed: From _____ to _____ Hourly Rate/Salary Ending \$ _____ per _____
 Summarize the nature of the work performed and job responsibilities: _____

Employer _____ Telephone (____) _____
 Address _____
 Job Title _____
 Immediate supervisor and Title _____
 Reason for leaving _____
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 Dates Employed: From _____ to _____ Hourly Rate/Salary Ending \$ _____ per _____
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 Summarize the nature of the work performed and job responsibilities: _____

SPECIAL SKILLS

Please describe job relevant special skills and qualifications:

ADDITIONAL INFORMATION

REFERENCES (Other than a relative or a past supervisor)

1. _____

Name	Position
_____	_____
Address	Phone Number
_____	_____

2. _____

Name	Position
_____	_____
Address	Phone Number
_____	_____

3. _____

Name	Position
_____	_____
Address	Phone Number
_____	_____

CERTIFICATION

I hereby certify that the information provided is correct and complete to the best of my knowledge. Incorrect, incomplete or false statements/ information or any misrepresentations or omissions furnished by me may result in the company voiding this application, rejecting this application, withdrawing an offer of employment, or subjecting me to discharge at any time after employment.

I agree to cooperate with required drug testing procedures for safety sensitive positions. I give Petri the right to investigate all references and to secure additional job related information, and release Petri and its representatives from liability while seeking such information.

The application remains current for 90 days. I will fill out another one after this time to renew my interest in employment.

I understand that Employment with Petri Baking Products, Inc. is **EMPLOYMENT-AT-WILL**, which means that either Petri or I can terminate the employment relationship at any time for any reason or for no reason.

I also understand that the employer is a smoke-free environment, and I will abide by this policy.

Signature _____ Date _____