



12201 E. Arapahoe Rd., Centennial, CO 80112 (303)-799-8931 fax: (303)-799-8932
 8719 E. Dry Creek Rd., Centennial, CO 80112 (303)-290-1027 fax: (303)-290-1028

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Name _____ Phone () - _____

Street Address _____

City _____ State _____ Zip _____ Social Security # _____ - _____ - _____

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE, OR IF UNDER 18 DO YOU HAVE A WORK PERMIT? YES NO

Position Applied For? _____ When can you start? _____ Desired Salary _____

Are there any shifts or days you cannot or will not work? _____

Shift preferred A.M. P.M. Anytime Number of hours you want to work per week _____

DAYS AVAILABLE (circle): M TU W TH F SA SU AVAILABLE TIMES YOU CAN WORK: _____

Please list your three most recent jobs May we contact your present employer? Yes No

Company _____ Job Title _____ Dates Worked ____ / ____ to ____ / ____

Address _____ City _____ State _____ Phone () - _____

Reason For Leaving _____ Salary _____ Supervisor _____

Company _____ Job Title _____ Dates Worked ____ / ____ to ____ / ____

Address _____ City _____ State _____ Phone () - _____

Reason For Leaving _____ Salary _____ Supervisor _____

Company _____ Job Title _____ Dates Worked ____ / ____ to ____ / ____

Address _____ City _____ State _____ Phone () - _____

Reason For Leaving _____ Salary _____ Supervisor _____

Have you ever been convicted of a felony, or released from prison in the past 10 years? (Note: A "yes" answer does not automatically disqualify you from employment)
 Yes No If "yes", please

explain _____

Can you provide proof that you are eligible to work in the United States? Yes No

Please tell why you wish to work in this restaurant and tell us anything else about yourself which may help measure your qualification for this position. (special interests, training, etc.)

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application For Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize this independently owned My Favorite Muffin franchise to make an investigation of the facts set forth in this application. I understand that employment at this restaurant is "at will", which means that either I or this restaurant can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this independently owned My Favorite Muffin franchise other than the President has the authority to alter the foregoing.

Date _____ Applicant's Signature _____

AN EQUAL OPPORTUNITY EMPLOYER