

# La Maison du <sup>TM</sup> *Macaron*

## Employment Application

### APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Date Available				Social Security No.				Desired Salary	
Position Applied for									
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
Are you a NYC Food Protection Certificate holder?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					

### EDUCATION

High School				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
College				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	

### APPLICANT EXPERIENCE

EMPLOYER				POSITION					
STARTING DATE	ENDING DATE	PHONE NO.	PERSON TO CONTACT						

DESCRIBE PROFESSIONAL EXPERIENCE

DESCRIBE PROFESSIONAL  
EXPERIENCE CONTINUE

## REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	

Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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