



Pastry's Ltd DBA Horizons Supplies, Mamora Bay, Antigua

Tel: 268 562 1581/2

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION DATE:		POSITION DESIRED:
NAME: (LAST)	(FIRST)	SALARY/WAGE DESIRED:
SOCIAL SECURITY NO.		AVAIL. START DATE:
MEDICAL BENEFITS NO.		FULL TIME: PART TIME:
ADDRESS:		ANY DAYS/SHIFTS YOU CANNOT WORK?
NATIONALITY:		CAN YOU WORK OVERTIME?
PHONE: (HOME)	(CELL)	DO YOU HOLD A DRIVERS LICENSE?
DATE OF BIRTH:	AGE:	MARITAL STATUS: (SINGLE) (MARRIED)

WORK EXPERIENCE

List your previous experience, beginning with your most recent position. If additional space is needed, attach a supplemental sheet.

EMPLOYER:
ADDRESS:
PHONE:
STARTING POSITION:
STARTING SALARY:
LAST POSITION:
FINAL SALARY:
DATES EMPLOYED: FROM TO
IMMED. SUPERVISOR
DUTIES:
REASON FOR LEAVING:

EMPLOYER:
ADDRESS:
PHONE:
STARTING POSITION:
STARTING SALARY:
LAST POSITION:
FINAL SALARY:
DATES EMPLOYED: FROM TO
IMMED. SUPERVISOR
DUTIES:
REASON FOR LEAVING:

EMPLOYER:
ADDRESS:
PHONE:
STARTING POSITION:
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EMPLOYER:
ADDRESS:
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STARTING POSITION:
STARTING SALARY:
LAST POSITION:
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DATES EMPLOYED: FROM TO
IMMED. SUPERVISOR
DUTIES:
REASON FOR LEAVING:

PASTRY'S LTD. EMPLOYMENT APPLICATION (PAGE TWO)

EDUCATION AND TRAINING

SCHOOL:	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	GRADUATED (YES/NO)	MAJOR
SECONDARY SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?	
YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____	

EXCEPT FOR VACATIONS AND HOLIDAYS, HOW MANY DAYS WERE YOU ABSENT DURING THE PAST TWELVE MONTHS? 0-6 DAYS _____ 6-12 DAYS _____ 12-20 DAYS _____ 21 + DAYS _____	
COMMENTS:	

POLICE RECORD/PERMISSION TO WORK

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES _____ NO _____	
IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE A CLEAN POLICE RECORD CERTIFICATE? YES _____ NO _____	
IF NOT, STATE WHY:	

PHYSICAL LIMITATIONS-EMERGENCY NOTIFICATION

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOUR ARE APPLYING? YES _____ NO _____	
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____	

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME _____ PHONE NO. _____	
RELATIONSHIP _____	ADDRESS _____

CAREER OBJECTIVE

WHY ARE YOU INTERESTED IN WORKING FOR HORIZONS SUPPLIES LTD. AND WHAT ARE YOUR CAREER OBEJCTIVES? _____

REFERENCE CHECK

APPLICANT STATEMENT

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AN ACCOMPANYING RESUME, IF ANY), IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT ANY FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES, AGREE TO COOPERATE IN SUCH AN INVESTIGATION, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING INFORMATION.

I UNDERSTAND THAT THIS APPLICATION IS VALID FOR 180 DAYS; I WILL REAPPLY AFTER THAT TIME IF I AM STILL INTERESTED IN EMPLOYMENT.

SIGNATURE: _____

DATE: _____