



(Equal Opportunity Employer)

2023

Application

Today's Date: _____

Store Applying For: _____

Position Applying For: _____

Rate of Pay Requesting: _____

If hired, applicants must submit a copy of Driver's License, Social Security Card and a valid Food Handlers Card.

I. PERSONAL INFORMATION

Name (First)	(MI)	(Last)
Street/P.O. Box		Phone
City	State	Zip
Email address		
Are you 18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Permit required if under 18 and still in high school.		

II. PHYSICAL ABILITY

Are you able to perform the job-related functions of the position for which you are applying? Yes No

If no, we will ask you to describe or demonstrate how with, or without reasonable accommodation you will be able to perform the job-related functions. If no, we will ask you to describe or demonstrate how with, or without reasonable accommodation you will be able to perform the job-related functions.

III. EDUCATION

High School GED College Degree/Major:



5237 Hazel Ave.,
Fair Oaks, CA 95628
916-844-7122

cookietreatsac@gmail.com www.cookieplugsac.com

IV. EXPERIENCE

EXPERIENCE: BEGIN WITH YOUR MOST RECENT EXPERIENCE. LIST ALL EXPERIENCE IN THE LAST FOUR YEARS, INCLUDING U.S. MILITARY SERVICE. GIVE DETAILS ON THE EXPERIENCE WHICH YOU BELIEVE HELPS YOU MEET THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING. IF YOU HAVE NOT HELD A PAYING JOB INCLUDE ANY VOLUNTEER WORK IN YOUR COMMUNITY, BABYSITTING JOBS, NEWSPAPER ROUTES, ETC.

PERIOD OF EMPLOYMENT	JOB DUTIES PERFORMED.	NAME AND ADDRESS OF EMPLOYER(S)
Dates of Employment Total ___ YR___ MO. FULL-TIME <input type="checkbox"/> <input type="checkbox"/> PART-TIME HOURS PER WEEK:	DUTIES:	REASON FOR LEAVING: Supervisor Name & Phone:
Dates of Employment Total ___ YR___ MO. FULL-TIME <input type="checkbox"/> <input type="checkbox"/> PART-TIME HOURS PER WEEK:	DUTIES:	REASON FOR LEAVING: Supervisor Name & Phone:
Dates of Employment Total ___ YR___ MO. FULL-TIME <input type="checkbox"/> <input type="checkbox"/> PART-TIME HOURS PER WEEK:	DUTIES:	REASON FOR LEAVING: Supervisor Name & Phone:

VI. SCHEDULE AVAILABILITY

Check the shift(s) you are available to work. Days Evenings Weekends



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As an applicant for employment with the Cookie Plug/Treats and More, LLC, I understand the following:

1. Any material or deliberate omission of any fact in my application may be justification for refusal of, or if employed, termination from employment. It is my understanding that Cookie Plug/Treats and More, LLC may make an investigation of my work history and may verify any information given in application for employment, related papers, or oral interviews. I herewith release from liability any person giving or receiving any such information. I agree that my employment may be terminated by Cookie Plug/Treats and More, LLC at any time without liability for wages or salary except such as may have been earned at the date of such termination.
2. I further understand that the signing of this application does not constitute an offer of employment by Cookie Plug/Treats and More, LLC. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer.
3. I understand that I will be required to furnish documents that establish my identity and eligibility to work in the United States (e.g., driver's license and original social security card), in compliance with the Immigration and Reform Act of 1986.
4. I understand that I may be required to submit to a drug test to test for Cocaine Metabolite(s); Amphetamines; Opiates; Phencyclidine; THC Metabolites and Alcohol. An offer of employment may only be extended if the results of the above tests are negative. Further, I understand that failure to disclose criminal history information will result in refusal to employ, or if employed, termination of employment.
5. I certify that I have read, understand, and will adhere to the aforementioned statements.

Signature of Applicant: _____

Date: _____

If applicant is under 18 years of age, parent or guardian's signature is required:

Signature of Parent or Guardian: _____

Date: _____



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