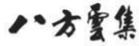


Date:

# EMPLOYMENT APPLICATION

**BAFANG DUMPLING** 八方雲集



(AN EQUAL OPPORTUNITY EMPLOYER)

Bafang Dumpling is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

## GENERAL INFORMATION

We use E-Verify to validate employment eligibility.

<https://www.dhs.gov/E-Verify>

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Are you 18 years of age or over?

- Yes
- No

\*Questions applicable only if law requires that you be of minimum age for the position for which you are applying

## WORK EXPERIENCE

Position applying for: \_\_\_\_\_ Location applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_ (Please Circle One): Full Time / Part Time / Seasonal

What skills and experience can you bring to this position, which you feel might be helpful?

\_\_\_\_\_

Have you ever been employed by the company or any other Bafang Dumpling location?

- Yes
- No

If yes, please state when and location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Please list all times that you would be available for work, if offered employment with the company

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
FROM:							
TO:							

TOTAL HOURS AVAILABLE PER WEEK: \_\_\_\_\_ hrs

## EDUCATION AND TRAINING

University or College - Business, Correspondence, Trade or Service School, Name and Location	Course of Study	Units Completed	Diploma, Degree, or Certificate Completed

## EMPLOYMENT HISTORY

Start with your present or most recent employer. Please fill out completely.

1.

Company		From mm/yy:	To mm/yy:
Address		Position	
Supervisor Name		Supervisor Phone Number	
Duties Performed			
Reason for leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2.

Company		From mm/yy:	To mm/yy:
Address		Position	
Supervisor Name		Supervisor Phone Number	
Duties Performed			
Reason for leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please explain any gap in employment history: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**SIGNED:**

**DATE:**

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

**OFFICE USE ONLY:**

Interviewer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date Hired/Rehired: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Position \_\_\_\_\_

Store No. \_\_\_\_\_ Start Date: \_\_\_\_\_