



Glazing Saddles Management Employment Application

Date Completed: _____

Complete in your own handwriting in ink. If employed, this becomes part of your permanent record. Glazing Saddles, Ltd. and all related entities consider applicants for all positions without regard to race, color, religion, sex, national origin, age (40 and over), disability, or any other basis prohibited by state or federal laws. Employment with Glazing Saddles, Ltd. and/or its related entities is at will. All questions must be answered and the application signed to be considered for employment.

About You...				
	(Last)	(First)	(Middle Initial)	(Social Security #)
Name:	_____			
	(Street)	(City)	(State)	(Zip)
Present Address:	_____			
	(Street)	(City)	(State)	(Zip)
Permanent Address:	_____			
Day Phone: ()	_____		Night Phone: ()	_____
Have you ever been employed by Glazing Saddles, Ltd.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Location _____ Dates from: ____ / ____ / ____ To: ____ / ____ / ____ Why did you leave? _____				
Can you furnish proof of your right to work in the U.S.A, once hired? <input type="checkbox"/> Yes <input type="checkbox"/> No				

About The Job You're Interested In...	
Position Application for: <input type="checkbox"/> Restaurant Management	<input type="checkbox"/> Other (explain) _____
Date available for employment: _____	Starting salary or income desired: _____
Are you open to relocation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you relocate, which cities or areas would you consider in order of preference: 1) _____ 2) _____ 3) _____	

About Us...
Have you ever visited a Krispy Kreme location? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe your experience: _____ _____ _____
Why would you like to work for our company: _____ _____ _____

Glazing Saddles, Ltd. is an Equal Opportunity Employer.

Jobs You've Had... (Please start with your most recent job. Please complete even if you are submitting a resume.)

1	Name of Company/Employer: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ Dates of employment from: ____ / ____ / ____ To: ____ / ____ / ____
	Annual pay: Starting Salary: _____ / Bonus: _____ Ending Salary: _____ / Bonus: _____
	Position held: _____ Supervisor's name: _____
	Duties performed: _____ _____
Reason for leaving: _____	

2	Name of Company/Employer: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ Dates of employment from: ____ / ____ / ____ To: ____ / ____ / ____
	Annual pay: Starting Salary: _____ / Bonus: _____ Ending Salary: _____ / Bonus: _____
	Position held: _____ Supervisor's name: _____
	Duties performed: _____ _____
Reason for leaving: _____	

3	Name of Company/Employer: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ Dates of employment from: ____ / ____ / ____ To: ____ / ____ / ____
	Annual pay: Starting Salary: _____ / Bonus: _____ Ending Salary: _____ / Bonus: _____
	Position held: _____ Supervisor's name: _____
	Duties performed: _____ _____
Reason for leaving: _____	

4	Name of Company/Employer: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ Dates of employment from: ____ / ____ / ____ To: ____ / ____ / ____
	Annual pay: Starting Salary: _____ / Bonus: _____ Ending Salary: _____ / Bonus: _____
	Position held: _____ Supervisor's name: _____
	Duties performed: _____ _____
Reason for leaving: _____	

May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, indicate by NUMBER which one (s) you do NOT wish us to contact: 1 / 2 / 3 / 4
Have you ever been discharged or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References We Can Contact... (Please provide at least 2 (B)usiness and 2 (P)ersonal references.)

(circle)	Name:	Relationship:	Phone #:	Address:
B / P	_____	_____	_____	_____
B / P	_____	_____	_____	_____
B / P	_____	_____	_____	_____
B / P	_____	_____	_____	_____
B / P	_____	_____	_____	_____

Comments...

This space is provided for your use in giving us any information about yourself not already covered in the application (e.g. career interests, plans, objectives or any other information that you believe we should know in considering you for this position.)

Applicant Statement... (Please read the following.)

I certify that the information given herein and attached hereto is true, accurate and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of information provided herein (and attached hereto) and other matters related thereto as may be necessary, and I release Glazing Saddles, Ltd. and its related entities whichever the case may be, and its officers and employees from all liability in connection with these actions. I hereby release Glazing Saddles, Ltd., its officers, employees and representatives, franchisees and licenses, employers, schools and other persons, institutions or businesses responding to investigations to inquiries from all liability in responding to inquiries in connection with my application for employment. I understand that false, misleading, incomplete or inaccurate information given in this application during interviews or otherwise provided may result in a refusal to hire, or discharge in the event of employment.

I understand and agree that, if hired, my employment is at will. I also understand that, if hired, my employment is for no definite period of time. I may terminate my employment at any time, and I may be dismissed at any time without prior notice of any reason or for no reason. I further understand and agree that nothing in this application is intended as, or shall constitute a contract of employment or a guarantee of employment.

I understand that by signing this application I am authorizing you to contact the individuals I have identified as references and former employers (if applicable), and educational institutions to confirm the information provided. I also understand that any policies or procedures implemented by the Company in the event of my employment are for internal controls only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion without notice.

Finally, I understand that this application will only be considered for 90 days and that if I have not heard from the Company within that time period, I must reapply to be considered further.

Signature of Applicant _____
Date

Where to send this...

Mail or fax with resume to: Glazing Saddles, Ltd.
 12201 Technology Blvd. Suite 110
 Austin, TX 78727
 Attn: Sheridan Dennis
 Fax 512-744-4040