SuperBons, LLC dba Cinnabon 3200 Naglee Rd., #160 Tracy, CA 95304 TEL. 209-221-5800 FAX. 510-740-3484 www.superbons.com info@superbons.com

**Personal Information** 

Today's Date:

CINNABON
WOUND TO LINNAMON ROLLS

### **Application for Employment**

An Equal Opportunity Employer

- IMPORTANT Please print or type. This application
has a second page. Incomplete and/or
unsigned forms will NOT be considered
for employment.

Name:	Last		Firs	t		Midd	le	Social Security Number
Address:				City	State	Zip		Home Phone:
Are you unde	er the age of 18?	Yes	No	Can you submit pr	oof of age?	Yes	No	Daytime / Message Phone:
Email Address	(If any):							Cell Phone (If any):

Emergency contact Name/Address/Phone:

## **Employment Desired**

What type of work are you interested in?			Part-Time F			Full-Time			Wage Desired?						
Referred By?								Date available to start?							
Are you currently employed? Yes No							If yes, may we contact current employer? Yes No						•		
Availability (Indicate times available for each day of the week. For example 9:00AM - 3:30PM):															
Monday Tuesda		ay Wednesday			Thursday			Friday		Saturd	Saturday		Sunday		
FROM	:	AM PM	:	AM PM	:	AM PM		• A		:	AM PM	:	AM PM	:	AM PM
то	:	AM PM	:	AM PM	:	AM PM		<ul><li>A</li><li>P!</li></ul>		:	AM PM	:	AM PM	:	AM PM

### **General Information**

General Intermeters			
Have you ever worked for Cinnabon before?	Yes	No	If so, where?
Have you ever been convicted of a felony?	Yes	No	If yes, explain:
If hired, can you provide proof of eligibility to v	tates prior to starting work? Yes No		

# **Educational History**

School	Name and Location	Major	Level or Years completed	Type of degree/certificate
High School				
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College / Other				

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