

## 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, LLC 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, LLC. 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 Se	ecurity #)		
Name: _	(S	treet)	(City)	(State)	(Zip)		
Present Address:	(0		(0.17)	(6.4.6)	(=.p)		
	(5	treet)	(City)	(State)	(Zip)		
Permanent Address:			<del></del>				
Day Phone: (	)		_ Night Phone: (	)			
Have you ever been emp	loyed by Glazing So	ıddles, LLC.? □ Yes □	No				
	If yes: Location _		Dates from:	_ / /To	://		
Why did yo	u leave?						
Can you furnish proof of your right to work in the U.S.A, once hired?   Yes   No							
About The Job	You're <b>Intere</b>	sted In					
Position Application for:   Restaurant Management   Other (explain)							
Date available for employment:			Starting salary or income desired:				
Are you open to r	elocation: 🗆 Yes	□ No					
If you relocate, which cities or areas would you consider in order of preference:							
1)		2)	3	3)			
About Us							
Have you ever visited a Krispy Kreme location? □ Yes □ No							
If yes, describe your experience:							
	,						
Why would you like to w	ork for our compan	y <u>:</u>					
	Gla	zing Saddles, LLC. is ar	n Equal Opportunity Emplo	yer.			

What You've Been Doir	ng With Yourself								
					year				_
Name and Addres	s of School:	co	ompl	lete	d:	Did you g	raduate?	Course / Major:	Degree:
High School:	<del></del>	_							
		_ 1	2	3	4	☐ Yes	□ No		
College:									
		_ 1	2	3	4	□ Yes	□ No		
College:									
		- 1	2	3	4	□ Yes	□ No		
		-							
Graduate School:		-  ,	2	2	4	□Vaa	□ Na		
		- 1		3	4	□ Yes	□ IN0		
Trade or Business School:									
		_ 1	2	3	4	□ Yes	□ No		
Describe any specialized training	, -FF								, ,
Office and POS skills.									
	••								
POS: □ HSI □ Micros	, ,								
Other(s):			Oth	iers	:				
Other Important Info	rmation								
How were you referred to us for	employment?								
	∪ Walk In						□ Em	ployment Agency / F	Recruiter
□ Job Fair	□ Employee Referral					(nam		ner:	
We are open 7 days a week. Do y Glazing Saddles, LLC? □ Yes □ N	ou have any comitments th		uld i	inte	rfer				duties on behalf of
	a felony or misdemeanor? s that are a matter of publi tion(s) will not necessarily o		ord i	indi					

Job	<b>s</b> You've <b>Had</b> (Please start with your most re	ecent job. Please complete even if you are submitting a resume.)				
Name of Company/Employer:						
1		City: State: Zip:				
	Phone: ( )	Dates of employment from: / / To: / /				
	Annual pay: Starting Salary: /Bonus:	Ending Salary: /Bonus:				
		Supervisor's name:				
	Duties performed:					
	Reason for leaving:					
	Name of Company/Employer:					
		Dates of employment from: / / To: / /				
		Ending Salary: /Bonus:				
2		Supervisor's name:				
	Duties performed:					
	Reason for leaving:					
	Name of Company/Employer:					
		Dates of employment from: / / To: / /				
		Ending Salary: /Bonus:				
3		Supervisor's name:				
	Duties performed:					
	buries per formed.					
	Reason for leaving:					
	reason for leaving.					
	Name of Company/Employer:					
	Address:	City: State: Zip:				
	Phone: ( )	Dates of employment from: / / To: / /				
4	Annual pay: Starting Salary: /Bonus:	Ending Salary: /Bonus:				
	Position held:	Supervisor's name:				
	Duties performed:					
	Reason for leaving:					
May v	May we contact the employers listed above? 🗆 Yes 🗆 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? □ Yes □ No						

References We Can	Contact (Please prov	ride at least 2 (B)u	siness and 2 (P)ersonal references.)		
(circle) Name:	Relationship:	Phone #:	Address:		
B/P					
071					
Comments					
			elf not already covered in the application(e.g. career nould know in considering you for this position.)		
Applicant Statement	+ (0)				
Applicant Statement		<del>-</del>			
you to make such investigation may be necessary, and I release from all liability in connection franchisees and licenses, empall liability in responding to inc	ns and inquiries of informati se Glazing Saddles, LLC. and with these actions. I hereb loyers, schools and other pe quiries in connection with m	ion provided hereir d its related entiti by release Glazing ersons, institutions y application for e	urate and complete to the best of my knowledge. I authorize a (and attached hereto) and other matters related thereto as es whichever the case may be, and its officers and employees Saddles, LLC., its officers, employees and representatives, or businesses responding to investigations to inquiries from mployment. I understand that false, misleading, incomplete rwise provided may result in a refusal to hire, or discharge		
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 thisapplication is intended as, or shall constitute a contract of employment or a guarantee of employment.					
I understand that by signing t employers (if applicable), and procedures implemented by th	educational institutions to c ne Company in the event of r employment. In addition, I u	confirm the inform my employment are	t the individuals I have identified as references and former ation provided. I also understand that any policies or e for internal controls only and are not intended to be nor y of these policies or procedures may be changed at any time		
Finally, I understand that this application will only be considered for 90 days and that I have not heard from the Company within that time period, I must reapply to be considered further.					
Si	gnature of Applicant		Date		
Where to send this	,				
Mail or fax with resume to:	Glazing Saddles, LLC. 1464 E. Whitestone Blvd Cedar Park, TX 78613 Attn: Clare Dittman	l. Suite 1201			

Fax 512-744-4040