



Insomnia Cookies is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, sexual orientation, gender identity, veteran status, marital status, genetic characteristics, pregnancy, or any other characteristic protected by federal, state, or local law.

### PERSONAL INFORMATION

DATE: / /

Name (Last)		(First)		(Middle)			
Home Address			City		State		Zip
Home Telephone ( )		Business Telephone ( )		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Applying For		Date Available					
Days and Hours Available							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							
How were you referred to Insomnia Cookies? _____							

For applicants under age 18, please provide your date of birth:

### EDUCATION

Type of School	Name and Location of School	Degree/ Area of Study	# of Years Attended	Graduated
High School				
College				
Graduate School				
Other				

**MARYLAND APPLICANTS ONLY: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

SIGNATURE: \_\_\_\_\_

**Nebraska applicants only: I, \_\_\_\_\_ (name), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Insomnia Cookies.**

SIGNATURE: \_\_\_\_\_

Rhode Island applicants only: Insomnia Cookies is subject to the RI Workers' Compensation Act.

### LEGAL

(1) Are you authorized to work in the United States?  Yes  No

(2) Will you now or in the future require sponsorship for employment visa status (for example, H-1B visa status)?  Yes  No

(3) Were you ever discharged by any company?  Yes  No If yes, give name of company \_\_\_\_\_

Reason for discharge \_\_\_\_\_



### EMPLOYMENT HISTORY

List employment starting with your most **recent** position. You may include any work performed on a volunteer basis. Please indicate if you were employed under a different name.

May we contact your present employer?  Yes  No Past employer?  Yes  No

DATES	NAME AND ADDRESS OF EMPLOYER		POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY	REASON FOR LEAVING
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		Starting	
	Address	City	Supervisor		Final	
	State	Phone ( )				
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		Starting	
	Address	City	Supervisor		Final	
	State	Phone ( )				
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		Starting	
	Address	City	Supervisor		Final	
	State	Phone ( )				
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		Starting	
	Address	City	Supervisor		Final	
	State	Phone ( )				

Have you ever previously worked for Insomnia Cookies?  Yes  No

Name \_\_\_\_\_ Location \_\_\_\_\_

City & State \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

### REFERENCES

Business References: (do not list relatives) (please indicate if you employed under a different name)

Name	Address	Work Phone No.	Title	Years Known
		( )		
		( )		
		( )		

### PLEASE READ CAREFULLY

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Insomnia Cookies. I authorize Insomnia Cookies to contact the references I have listed above. I understand and agree that, if hired, my employment will be "at will." I understand and agree that "at will" means the employment is for no definite period and may be terminated by me or Insomnia Cookies at any time with or without cause or advance notice. I understand that receipt of this application by Insomnia Cookies does not imply employment and that this application and/or other Insomnia Cookies documents are not contracts of employment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE SIGNED



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DATE: / /

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From							
To							
How were you referred to Insomnia Cookies? _____							

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College				
Graduate School				
Other				

Massachusetts applicants only: It is unlawful in MA to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

## LEGAL

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(2) Will you now or in the future require sponsorship for employment visa status (for example, H-1B visa status)?  Yes  No

(3) Were you ever discharged by any company?  Yes  No If yes, give name of company\_\_\_\_\_

Reason for discharge\_\_\_\_\_



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From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		
	Address	City	Supervisor		
	State	Phone ( )			
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		
	Address	City	Supervisor		
	State	Phone ( )			
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		
	Address	City	Supervisor		
	State	Phone ( )			
From: _____/_____/_____ mo. yr. To: _____/_____/_____ mo. yr.	Name		Your Job Title		
	Address	City	Supervisor		
	State	Phone ( )			

Have you ever previously worked for Insomnia Cookies?  Yes  No

Name \_\_\_\_\_ Location \_\_\_\_\_

City & State \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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		( )		
		( )		
		( )		

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE SIGNED