



Confidential Application

Please complete and return to: House of Bread, 858 Higuera Street, San Luis Obispo, CA 93401.
Should you have any questions, please don't hesitate to give us a call at: 1-800-545-5146.

| Market Area | |
|--------------|---------------|
| First Choice | Second Choice |
| State | State |
| County | County |
| City | City |
| Towns | Towns |

| Personal | | | | |
|------------------------------|---------------------------------|----------------------------------|--------------------------------|-------------------|
| Last Name | First | Middle | Date of Birth | |
| Street Address | City | State | Zip | Telephone |
| How Long at Present Address? | Previous Address | | | |
| Email _____ | | Social Security # _____ | | Citizenship _____ |
| Sex | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Height _____ | Weight _____ |
| Marital Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Other | |
| Spouse's Name _____ | | Date of Birth _____ | Marriage Date _____ | |
| Children: How Many? _____ | | Ages _____ | | |
| Spouse Employed? _____ | Employed by: _____ | | How Long? _____ | |
| Occupation: _____ | | | Salary: _____ | |

Education

| School | Name & Location of School | Course of Study | No. of Years Completed | Did You Graduate? | Degree or Diploma |
|--------|---------------------------|-----------------|------------------------|-------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin.)

Where did you hear about House of Bread? _____

Have you any judgments or legal proceedings pending against you? ____ If so, give particulars _____

Describe any health problems or physical disability _____

What do you like to do in your spare time? _____

Please explain in detail why you are choosing a House of Bread bakery and how you see your bread store fulfilling your future goals. _____

Complete This Section if You Have Ever Been in the U. S. Armed Services

| | |
|-----------------------------------------------|-----------------------|
| Describe Your Duties and Any Special Training | Branch of Service |
| | Period of Active Duty |
| | Rank at Discharge |
| | Final Discharge Date |

Employment History

May we contact the employers listed below? _____ Have you ever been bonded? _____ If yes, on what jobs? _____

List below all present and past employment, beginning with your most recent.

| | | | | | | | | | |
|------------------|------|-------|-----|-----------------|-----------------|--------------------|----------------------------|--|-------------|
| Company | From | | To | | Position Title: | Reason for Leaving | Name & Title of Supervisor | | |
| | Mo. | Yr. | Mo. | Yr. | | | | | |
| Name | | | | | Describe Work: | | | | |
| Address | | | | | | | | | |
| Type of Business | | Phone | | Starting Salary | | | | | Last Salary |
| Company | From | | To | | Position Title: | Reason for Leaving | Name & Title of Supervisor | | |
| | Mo. | Yr. | Mo. | Yr. | | | | | |
| Name | | | | | Describe Work: | | | | |
| Address | | | | | | | | | |
| Type of Business | | Phone | | Starting Salary | | | | | Last Salary |
| Company | From | | To | | Position Title: | Reason for Leaving | Name & Title of Supervisor | | |
| | Mo. | Yr. | Mo. | Yr. | | | | | |
| Name | | | | | Describe Work: | | | | |
| Address | | | | | | | | | |
| Type of Business | | Phone | | Starting Salary | | | | | Last Salary |
| Company | From | | To | | Position Title: | Reason for Leaving | Name & Title of Supervisor | | |
| | Mo. | Yr. | Mo. | Yr. | | | | | |
| Name | | | | | Describe Work: | | | | |
| Address | | | | | | | | | |
| Type of Business | | Phone | | Starting Salary | | | | | Last Salary |

| Assets | |
|--------------------------------------------------|--|
| Cash on Hand in Banks | |
| Deposits or Down Payments | |
| Bank Name(s)- Account #'s | |
| Government Securities | |
| Securities: | |
| Accounts Notes Receivable | |
| Real Estate Owned- Home | |
| Real Estate Owned- Other | |
| Automobiles | |
| Cash Surrender Value- Life Insurance | |
| Beneficiary: Face Value: \$ | |
| Other Assets, Itemize: | |
| | |
| | |
| Total Assets | |

| Liabilities | |
|-------------------------------------------------------------|--|
| Notes Payable to Banks | |
| Bank Name(s)- Account #'s | |
| Notes payable to Others | |
| Accounts & Bills Due | |
| Real Estate Mortgages Payable Acct. #- Home Bank Name: | |
| Real Estate Mortgagees Payable Acct. #- Other Bank Name: | |
| Other Debts- Itemize | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total Liabilities | |
| Net Worth (Total Assets Less Total Liabilities) | |
| Total Liabilities & Net Worth | |

| Source of Continuous Income (Annual) | | |
|--------------------------------------|------|--------|
| | Self | Spouse |
| Salary | | |
| Bonus & Commissions | | |
| Dividends & Interest | | |
| Real Estate Income | | |
| Other Income- Itemize | | |
| | | |
| | | |
| | | |
| Total | | |

| References | | Ref. | Check |
|------------------|--|------|-------|
| <u>Banking:</u> | | | |
| Name | | | |
| Address | | | |
| <u>Business:</u> | | | |
| Name | | | |
| Address | | | |
| <u>Personal:</u> | | | |
| Name | | | |
| Address | | | |

Notice: Investigation may be made as to your character, general reputation, personal characteristics and mode of living. The undersigned acknowledges that the information and representations provided in this application will be relied upon in the granting of any credit or franchise license and the undersigned hereby certifies that such information and representations are true and correct upon personal knowledge. If any of the information or representations are incomplete or untrue, or if the undersigned fails to provide prompt written notification of a material change in financial condition as stated in this application, then this shall constitute cause for the revocation of any credit or franchise license granted as a result of this application and any obligations of the undersigned either as borrower or guarantor shall become immediately due and payable without demand or notice.

The undersigned hereby authorizes anyone mentioned in this application to provide information to House of Bread as it may request. The undersigned agrees that House of Bread may obtain a consumer credit report on me (us) and that House of Bread may retain this application and that report as its property.

Date: _____ Sign Here _____

Sign Here _____