



1094 Pike Place, Seattle WA, 98101 206.448.4758

We are an Equal Opportunity Employer complying with all applicable Federal, State, and City laws.

DATE OF APPLICATION: _____

GENERAL INFORMATION (Please print)

NAME		
PRESENT ADDRESS		
CITY	STATE	ZIP

CELL PHONE	HOME PHONE
EMAIL	
REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED \$ _____ PER _____
I AM ABLE TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		
<input type="checkbox"/> MORNINGS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> WEEKENDS		
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT RECORD

List your previous experience beginning with your most recent position (include military experience as a job).

EMPLOYER	PHONE
1	
POSITION	HOURLY WAGE
DATES EMPLOYED FROM TO	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

EMPLOYER	PHONE
2	
POSITION	HOURLY WAGE
DATES EMPLOYED FROM TO	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

EMPLOYER	PHONE
3	
POSITION	HOURLY WAGE
DATES EMPLOYED FROM TO	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

EMPLOYER	PHONE
4	
POSITION	HOURLY WAGE
DATES EMPLOYED FROM TO	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

EDUCATION AND SKILLS

SCHOOL	NAME OF SCHOOL AND LOCATION	GRADUATED (YES/NO)	MAJOR
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
ADD'L TRAINING			

WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY? _____

HOBBIES/INTERESTS/SPECIAL SKILLS? _____

DO YOU HAVE LEGAL RIGHT TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT A U.S. CITIZEN, CAN YOU SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, GIVE DATES & DETAILS _____ _____

PERSONAL REFERENCES

NAME	POSITION & COMPANY	PHONE	YRS KNOWN

Please read the following and sign your name below.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

If employed, I agree to conform to the rules and regulations of the bakery.

SIGN HERE _____ **DATE** _____

 APPLICANT'S SIGNATURE

DO NOT WRITE BELOW THIS LINE _____

INTERVIEWED BY _____ DATE _____

NOTES: