



Application for Employment

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type Of Employment Desired	Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Shift: <input type="checkbox"/> Early Morning <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Available to Start:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
				<input type="checkbox"/> No		
Occupational License, Certificate or Registration			Number	Where Issued		Expiration Date

List additional certificates or training programs, applicable to this position, which you have completed:

Additional Information:

Have you ever been employed by The Essential Baking Company? If yes, what dates:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If applying for a café position, do you have a valid WA State Food Handler's Permit? -Required upon hire for café positions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No N/A
If applying for a café position, do you have a valid WA State Alcohol Server's License (TIPS)? -Required upon hire for some café positions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No N/A
If applying for a driving position, do you have a valid WA Driver's License?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No N/A
If applying for a driving position, do you have a clean driving record (one or fewer infractions in the past 3 years)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No N/A

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone () -	Worked From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Reason for Leaving
		Last Salary
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone () -	Worked From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Reason for Leaving
		Last Salary
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone () -	Worked From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Reason for Leaving
		Last Salary
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Certification and Agreement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The Essential Baking Company to verify their accuracy and to obtain reference information on my work performance. I hereby release The Essential Baking Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based upon such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time, with or without notice or cause.

Signature of Applicant _____ **Date** _____



We E-verify all newly hired employees.