



EMPLOYEE APPLICATION

PERSONAL INFORMATION

Name

First Name Last Name

Date of Birth

Address

Street Name MM DD YY

City State and Zip Code

Phone +

Home Phone SSN - -

EDUCATION

Highest Level Completed

MM/YY of Graduation or # Years Completed Degree Type and Name of School

AVAILABILITY

	Start Time	End Time
Mon	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>
Thur	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>

By marking this box I confirm that I am authorized to work in the United States and can provide proof of work eligibility.

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Furthermore, this also confirms that I currently have or will obtain a WA State Food Handlers Permit and provide proof within 12 days of employment.

Applicant Signature: _____

Date: _____