



NAME: _____

DATE _____

EMAIL: _____

PHONE: _____

DATE YOU CAN START: _____

DATE OF BIRTH: _____

OF HRS DESIRED: _____

REFERRED BY: _____

OF DAYS DESIRED: _____

WAGE DESIRED: _____

LOCATION DESIRED: _____

POSITION: _____

PREVIOUS EMPLOYMENT HISTORY:

1	_____ TO _____	_____	\$ _____
	DATES DATES	EMPLOYER	WAGE
	_____	_____	# _____
	POSITION	MANAGER NAME	PHONE NUMBER
	REASON FOR LEAVING: _____		

2	_____ TO _____	_____	\$ _____
	DATES DATES	EMPLOYER	WAGE
	_____	_____	# _____
	POSITION	MANAGER NAME	PHONE NUMBER
	REASON FOR LEAVING: _____		

3	_____ TO _____	_____	\$ _____
	DATES DATES	EMPLOYER	WAGE
	_____	_____	# _____
	POSITION	MANAGER NAME	PHONE NUMBER
	REASON FOR LEAVING: _____		

DO YOU HAVE A VALID WA ST MAST PERMIT: Y N CIRCLE ONE
DO YOU HAVE A VALID WA ST FOOD HANDLERSPERMIT: Y N CIRCLE ONE

LIST YOUR AVAILABILITY:

OTHER COMMENTS:

MON: _____
TUES: _____
WED: _____
THURS: _____
FRI: _____
SAT: _____

SUN:
