

# Jazzy JOSHUA'S

113 Del Guzzi Drive - Port Angeles, WA 98362 - (360) 452-6546

## APPLICATION for EMPLOYMENT

### PERSONAL INFORMATION:

TODAYS DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MI LAST

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Other Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Desired Wage: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position/Title Applying for: \_\_\_\_\_

Employment Desired: \_\_\_ Full Time / \_\_\_ Part Time / \_\_\_ Seasonal / \_\_\_ Nights / \_\_\_ Days / \_\_\_ Any /

*Please note the days and times you hoping to be scheduled for work:*

Mon \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_. Tue \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_.

Wed \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_. Thur \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_.

Fri \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_. Sat \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_.

Sun \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_.

*Which Holidays would you like to work? (pls circle) or take off (x-out)*

New Year's Eve, New Year's Day, Valentine's Day, Easter, Memorial Day, Mother's Day, Father's Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, Your Birthday, Other \_\_\_\_\_

*What days and times are you willing to work outside of your regular schedule if needed?*

### QUESTIONS:

*What do you know in regards to "Opening" shift responsibilities for this position?*

***What do you know in regards to “Main Job” Responsibilities for this position?***

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***What tasks would you do while business is slow during your shift?***

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***What do you know in regards to “Closing” Shift Responsibilities for this position?***

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**EDUCATION / TALENTS / SKILLS / DEGREES & / OR CERTIFICATIONS:**

High School \_\_\_\_\_ City/State: \_\_\_\_\_  
Attended from \_\_\_\_\_ to \_\_\_\_\_ Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No

College \_\_\_\_\_ City/State: \_\_\_\_\_  
Attended from \_\_\_\_\_ to \_\_\_\_\_ Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No

College \_\_\_\_\_ City/State: \_\_\_\_\_  
Attended from \_\_\_\_\_ to \_\_\_\_\_ Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No

***Do you have a MAST 12 or 13 Certification? \_\_\_\_\_ Expiration Date? \_\_\_\_\_***

***Do you have a Food Workers Permit? \_\_\_\_\_ Expiration Date? \_\_\_\_\_***

***Do you have any special training, degrees or certifications? \_\_\_\_\_ If so, what are they?***

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***List any job experience that you believe will contribute to the success of the position you are applying for:***

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***What do you believe are your strengths that you bring to the job?***

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***Mention one thing that you feel is not your “gifting” and you’d rather not do in your job:***

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*Mention one thing that you feel you are most gifted in, and would like to do more of, in your job:*

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*Please note below, suggestions that we, as your employer, could do, to make your job more enjoyable, efficient, easier or safer:*

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**EMPLOYMENT HISTORY:**

Employers Name: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Position / Title \_\_\_\_\_ Wage: \_\_\_\_\_  
Duties \_\_\_\_\_

Supervisor/Managers Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Employers Name: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Position / Title \_\_\_\_\_ Wage: \_\_\_\_\_  
Duties \_\_\_\_\_

Supervisor/Managers Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Employers Name: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Position / Title \_\_\_\_\_ Wage: \_\_\_\_\_  
Duties \_\_\_\_\_

Supervisor/Managers Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY:**

Are you an American Citizen? \_\_\_\_\_ If no, are you allowed to work in the US? \_\_\_\_\_

Have you ever worked for this employer? \_\_\_\_\_ If yes, what dates? \_\_\_\_\_ to \_\_\_\_\_

Have you ever had a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have any physical limitations: (illness, injuries, etc) \_\_\_\_\_