AMY'S BREAD

EMPLOYMENT APPLICATION

Chelsea Market - 75 Ninth Avenue (@ 15th St) New York, NY 10011 - Tel: (212) 462-4338

Hell's Kitchen - 672 Ninth Avenue (@ 46th St) New York, NY 10036 - Tel: (212) 977-2670

Libraries: 476 Fifth Avenue NY, NY 10018, 455 5th Avenue, 7th Fl NY, NY 10016

Design Center: 200 Lexington Avenue, NY, NY 10016-- **Museum of NY:** 1220 Fifth Avenue NY, NY 10029

Queens - 48-09 34th Street, Long Island City, NY 11101 - Tel: (212) 897-4486

Date: _____

Name: _____ Primary Phone #: _____

Nickname: _____ Secondary Phone #: _____

Address: _____ Email Address: _____

EMPLOYMENT DESIRED:

Position applied for:_____ Date Available to Start:_____

Are you seeking_____Full-time _____Part-time _____Temporary or summer employment?

Are there any days or hours you would be unable or unwilling to work? Yes:___ No:___

If yes, please specify those days or hours you would be unable or unwilling to work: _____

_____

Would you be willing and able to perform all the tasks required by the job for which you are applying?

Yes: No: If not, please explain:_____

How did you learn of our company and/or position? _____

Do you know anyone working at Amy's Bread? Yes: _____ No:_____

If yes, what is their relationship to you?_____ What is their name?_____

Are you applying for a delivery job?_____ Do you own a van? Yes:____ No:____

Driver's License: State:_____ Type:_____ Currently Valid: Yes:___ No:____

PERSONAL:

Are you legally authorized to work in the U.S. Yes: ___ No:___

PREVIOUS EMPLOYMENT: (Begin with most recently held position first)

Name of Employer: ____________________ Address: ____________________ City, State, Zip Code: ____________________		Name and Title of Last Supervisor:
Telephone: Area code ( )	Nature of Business:	Period of Employment: From: ____________ To: ____________
Position:		Reason for Leaving:
Duties:		
Name of Employer: ____________________ Address: ____________________ City, State, Zip Code: ____________________		Name and Title of Last Supervisor:
Telephone: Area code ( )	Nature of Business:	Period of Employment: From: ____________ To: ____________
Position:		Reason for Leaving:
Duties:		
Name of Employer: ____________________ Address: ____________________ City, State, Zip Code: ____________________		Name and Title of Last Supervisor:
Telephone: Area code ( )	Nature of Business:	Period of Employment: From: ____________ To: ____________
Position:		Reason for Leaving:
Duties:		

EDUCATION:

Name, Address and Location	Dates	Graduate	Courses Studied
High School:		Yes ☐ No ☐	Diploma:
College:	From: To:	Yes ☐ No ☐	Degree:
Trade School:	From: To:	Yes ☐ No ☐	Diploma:

Person to contact in case of emergency:

Name:____________________________________ Address:____________________________________

Phone:____________________________________

I certify that my answers to the foregoing questions are true and correct without any omissions:

Signature:____________________________________ Date:____________________________________