

APPLICATION FOR EMPLOYMENT

Completed applications are to be mailed to:
 La Fiamma Wood Fire Pizza
 200 E. Chestnut, Bellingham, WA 98225



BASIC INFORMATION

Please fill out completely

Last Name	First Name	M.I.	What position are you applying for?	Date
Address Street			City / Zip	Have you applied before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , when?
Social Security Number		Phone	Email	
Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	What is your expected wage?	Do you have a current Whatcom County Food Handler's Card or a Washington State Food+Beverage Service permit? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have a Washington State Class 12 Alcohol Server's Permit? If no are you eligible? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Type of employment Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Daytime <input type="checkbox"/> Evening <input type="checkbox"/>	Summer <input type="checkbox"/> Temporary <input type="checkbox"/>
Available hours M _____ Tu _____ W _____ Th _____ F _____ Sat _____ Sun _____			Do you have a planned leave of absence or vacation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes when? preferred # of shifts/week _____ number of hours/week _____	

EMPLOYMENT HISTORY (List present or most recent positions first)

Please fill out completely

1. Name of Business	Address Street	City / Zip
Type of Business	Telephone #	Your Position
Duties		
Name and Position of Immediate Supervisor		
Date Employed (Mo. / Yr.)	Date Left (Mo. / Yr.)	Starting Salary
Reason for leaving		Final Salary
MAY WE ASK YOUR CURRENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Name of Business	Address Street	City / Zip
Type of Business	Telephone #	Your Position
Duties		
Name and Position of Immediate Supervisor		
Date Employed (Mo. / Yr.)	Date Left (Mo. / Yr.)	Starting Salary
Reason for leaving		Final Salary
3. Name of Business	Address Street	City / Zip
Type of Business	Telephone #	Your Position
Duties		
Name and Position of Immediate Supervisor		
Date Employed (Mo. / Yr.)	Date Left (Mo. / Yr.)	Starting Salary
Reason for leaving		Final Salary

EMPLOYMENT HISTORY (List present or most recent positions first)

4. Name of Business		Address	Street	City / Zip
Type of Business		Telephone #	Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Mo. / Yr.)	Date Left (Mo. / Yr.)	Starting Salary	Final Salary	
Reason for leaving				

EDUCATION / SKILLS

High School attended and location		Did you graduate?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STILL ATTEND	
University attended and location		Did you graduate / complete program?	Degree / Certificate
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STILL ATTEND	
Major subjects of specialization			
Community / Technical College attended and location		Did you graduate / complete program?	Degree / Certificate
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STILL ATTEND	
Major subjects of specialization			
Any other Educational Training / Courses or skill which may be helpful in considering this application?			
Special Talents			

REFERENCES (please do not list relatives or former employers)

Name	Occupation / Relationship	Address / Phone #

Whom do you know employed at La Fiamma?

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers given to the foregoing questions and all statements and claims made by me in the application and/or attached documents are correct.

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentations or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from La Fiamma if employed. In the case of an interview, tardiness or absence with or without warning will result in cancellation of the interview. It is not possible to reschedule interviews.

If employed, I agree that all material created and produced whether in written, graphic, culinary, or broadcast form, and all inventions new or changes in conjunction with my employment are the exclusive property of La Fiamma to use and/or sell and that subsequent to my employment I will not disclose, use, reveal any confidential information related to La Fiamma without first obtaining written consent from an officer at Left Coast Enterprises, Inc. d.b.a. La Fiamma Wood Fire Pizza.

La Fiamma is an equal opportunity employer.

_____ Date

_____ Signature of applicant

We appreciate your interest in seeking employment with La Fiamma. Please feel free to attach any additional information that would be helpful in evaluating your qualifications for the position to which you applied. Applications will hold active status for a period of sixty days.

If that time has elapsed, applicants are encouraged to re-apply. **Please no phone calls.**