



# Pacific Northwest Baking Co.

1307 Puyallup Street  
P.O. Box 890  
Sumner, WA 98390  
253-863-0373

# Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. **PLEASE PRINT**

Position(s) Applied For:		Date:	
How did you learn about us?			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Pnwb.com Website
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Monster.com Website	<input type="checkbox"/> SouthSoundJobs Website
<input type="checkbox"/> Other _____			
Last Name	First Name	Middle	
Address	City	State	Zip
Telephone Number	Cell Phone/Pager/Other Number		
Email Address	Social Security Number		

Are you at least 18 years of age?.....  Yes  No

Have you submitted an application here before?.....  Yes  No

Do you have any relatives already employed by Pacific Northwest Baking Co.?.....  Yes  No

If Yes, please state name and how related \_\_\_\_\_

Are you currently employed? .....  Yes  No

If Yes, may we contact your present employer?.....  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employment status you would be willing to accept :  Full-Time  Part-Time  Temporary

Are you available:  Day Shift  Swing Shift  Grave Shift  Weekends

Have you been convicted of or plead "no contest" to a crime in the last ten years?.....  Yes  No

\* Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

### Applicants Statement

I certify the answers given herein are true and complete to the best of my knowledge. I also understand that in the event of employment, any false or misleading information given may result in discharge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Employment History:** Starting with your most recent employer, provide the following information.

Employer	Telephone	Dates Employed: Month      Year                      Month      Year _____ / _____ TO _____ / _____	
Street Address	City	State	Zip
Starting Job Title / Final Job Title		Starting Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		\$ _____ Per _____	\$ _____ Per _____
Immediate Supervisor & Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?			
Summarize the type of work performed and job responsibilities			
What did you like most about your position?		What did you like least about your position?	

Employer	Telephone	Dates Employed: Month      Year                      Month      Year _____ / _____ TO _____ / _____	
Street Address	City	State	Zip
Starting Job Title / Final Job Title		Starting Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		\$ _____ Per _____	\$ _____ Per _____
Immediate Supervisor & Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?			
Summarize the type of work performed and job responsibilities			
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Street Address	City	State	Zip
Starting Job Title / Final Job Title		Starting Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		\$ _____ Per _____	\$ _____ Per _____
Immediate Supervisor & Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?			
Summarize the type of work performed and job responsibilities			
What did you like most about your position?		What did you like least about your position?	

**Explain any gaps in your employment other than those due to personal illness or injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?

YES  NO  If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

### **Additional Training and Experience**

Describe any specialized training, apprenticeship, extra-curricular activities or any job-related training received in the United States Military.

\_\_\_\_\_

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

\_\_\_\_\_

Depending on the job for which you are applying please list any production machinery, warehouse equipment office machines, computers and software, or any other related devices or tools that you have operated.

\_\_\_\_\_

Indicate any languages other than English that you can speak, read and/or write

**Summarize your Skills and Qualifications** and state any additional information that you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b><u>Education</u></b>	<b>Name and location of School</b>	<b>Course of Study</b>	<b>Years completed</b>	<b>Did you graduate?</b>	<b>Degree (Specify)</b>
<b>High School</b>					
<b>College</b>					
<b>Other</b>					

## References

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)

\_\_\_\_\_  
(Company) (City) (State)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)

\_\_\_\_\_  
(Company) (City) (State)

**Consent and Waiver:** I understand and acknowledge that as a condition of employment at Pacific Northwest Baking Company, I will give consent at any time to job-related medical inquiries including alcohol and/or drug screen test using either urine or blood samples. I am aware that the presence of certain drugs may be cause for termination of my employment. I further expressly authorize the Company and its designated medical examiners to conduct an alcohol and/or drug screen test. I expressly agree to hold harmless Pacific Northwest Baking Company, its subsidiaries, operators, directors, employees, and agents from any claims arising out of the information obtained through inquiries and findings of the test(s). I shall have the right to examine this file and all related material at any time. All such information shall be held confidential to the extent permitted by law.

In addition, in order to provide the Pacific Northwest Baking Co. with information and opinion that may be useful to them in their hiring decision, I hereby authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process to provide any information regarding me. This information and opinion may include but is not limited to my dates of employment, job title and classification, compensation history, reasons for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action, and general character. I understand that the information and opinion provided about me may be negative or positive. I unconditionally release each person, school, employer, organization or other entity who provides information or opinion regarding myself from any and all legal liability from damages that may result from furnishing such information and in making such statements. This release supercedes any agreement or contract I may have previously made to the contrary with any such person, school, employer, organization, or other entity. I further release Pacific Northwest Baking Co., its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the use or disclosure of such information. I hereby consent to the above,

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_