



**AMY'S BREAD  
EMPLOYMENT APPLICATION**

Chelsea Market - 75 Ninth Avenue (@ 15<sup>th</sup> St) New York, NY 10011 - Tel: (212) 462-4338 - Fax: (212) 462-4323

Hell's Kitchen - 672 Ninth Avenue (@ 46<sup>th</sup> St) New York, NY 10036 - Tel: (212) 977-2670 - Fax: (212) 977-2282

The Village - 250 Bleecker Street @ 6<sup>th</sup> Ave) New York, NY 10014 - Tel: (212) 675-7802 - Fax: (212) 675-7831

Queens - 48-09 34<sup>th</sup> Street, Long Island City, NY 11101 - Tel: (212) 897-4486 - Fax: (718) 786-8274

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 no, 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 a citizen of the U.S. or do you have the legal right to be employed in the United States: Yes:\_\_\_ No:\_\_\_

Do you currently hold an Immigration Visa? Yes: \_\_\_ No: \_\_\_ Type of Visa: \_\_\_\_\_

**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:			
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 <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College:	From:  To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Trade School:	From:  To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

Person to contact in case of emergency:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_