

Rachel's Restaurant & Bakery

EMPLOYEE APPLICATION

DATE: _____

NAME _____ PHONE _____

ADDRESS _____

DATE OF BIRTH _____ LAST 4 DIGITS S.S.# _____

POSTION APPLYING FOR _____

ARE YOU LIVING ON FIRE ISLAND _____ WHERE _____

OR COMMUTING ON FERRY DAILY _____

HOW MANY SHIFTS OR HOURS ARE YOU AVAILABLE _____

LAST DAY OF SEASON YOU ARE AVAILABLE TO WORK _____

DO YOU HAVE EXPERIENCE WITH CUSTOMER
SERVICE? _____

PREVIOUS JOB REFERENCES

EMPLOYER _____ DATES EMPLOYED _____

ADDRESS _____ PHONE _____

JOB DESCRIPTION _____

EMPLOYER _____ DATES EMPLOYED _____

ADDRESS _____ PHONE _____

JOB DESCRIPTION _____

COMMENTS:

ANYTHING YOU WOULD LIKE TO TELL US ABOUT YOURSELF
