

W GRIND EMPLOYMENT APPLICATION

Name _____ Date _____

Email _____

Address: _____
_____ Phone: _____

If you are under 18 as of the above date of this application, please provide your age: _____

W Grind employs minors in accordance with WA state guidelines and at the discretion of that minor's parent or guardian consent to employment. Per WA state guidelines, jobs available and permitted to conduct vary based on age therefore we must know your age at the time of employment to determine if there are available opportunities.

Availability:

Our typical shifts are listed below. Please circle your preferred shifts below.

AM 5:00am – 11:00am	Monday	Tuesday	Wednesday	Thursday	Friday
PM 12:00pm – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
AM 7:00am – 12:00am	Saturday	Sunday			
PM 12:00pm – 6:00pm	Saturday	Sunday			

When are you available to start work? _____

Have you ever been convicted of a felony? Yes No

Education

Use this space to document your educational background. Include name of high school and college or technical school, if applicable. Give dates of graduation or estimated graduation dates (e.g., WHS 2021).

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Work Experience

Use this space to document your employment history. Please include dates, name of employer, job responsibilities and reason for leaving; please start with your most recent experience. (Please attach a separate page to this application if more space is needed)

References

Please provide names and phone numbers for at least two references (include previous or current employers, teachers or other personal references).

Reference 1: Name _____ Phone _____

Relation _____

Reference 2: Name _____ Phone _____

Relation _____

Do you have experience working as a barista? Yes No

Why do you want to work at W Grind?

Describe any customer service experience you may have.

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Describe the most fulfilling job or other experience you have had and why.

Have you worked in an independent setting before (only person on shift)? Do you have any concerns working independently?

Is there anything else that you would like us to know about you? Any special skills, interests or experiences?

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Employee Application Authorization:

By submitting this application, I certify that the answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Please sign below confirming you have read and acknowledge the above Employee Application Authorization.

Printed name: _____ Date: _____

Signature: _____