



515-A Main Street  
Edmonds, WA 98020  
Phone: 425.640.5000

# Application for Employment

In order to be considered for employment, please complete this application in its entirety. If you need assistance completing this application please contact a manager for assistance. The Loft is an equal opportunity employer.

## PERSONAL INFORMATION

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security # \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

What hours are you available? \_\_\_\_\_

What days are you available? \_\_\_\_\_

Are you willing to work swing shift?  Yes  No

Are you willing to work graveyard?  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  
 Yes  No

If yes, please describe conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT INFORMATION

### Employment Desired

Position applied for: \_\_\_\_\_

Wage Desired: \_\_\_\_\_

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you available for full-time work?  Yes  No

Are you available for part-time work?  Yes  No

Date you can start: \_\_\_\_\_

Desired position: \_\_\_\_\_

Please list applicable skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Education

	School Name and Location	Year	Major	Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Post-College:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you planning to continue your studies?  Yes  No

If yes, where and what courses of study?

\_\_\_\_\_

### Employment History (Start with most recent employer)

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

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References**

List three personal references, not related to you, who have known you for more than one year.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

**Emergency Contact**

In case of emergency, please notify:

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

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

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

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

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_