



1000 2nd Ave. Suite #1320 Seattle, WA 98104
 T. 206-774-3800 • www.greenbowltime.com

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

- Type or print this application its entirety.
- Specify the position for which your are applying.
- Sign your name in signature section. All information you submit is subject to verification.
- Notify in advance if you require special disability accommodations to participate in the employment process.

	/ /		
Agency Authorized Signature	Date	Class Code	Status

POSITION APPLIED FOR
Location: _____
Title: _____
Date Available: _____
Minimum Acceptable Salary: _____

 Applicant's Signature

Applicant's Information (* = required field)			
Your Name*		Social Security Number*	
Your Mailing Address*			
City*	State*	Zip Code*	E-mail Address
Phone #1	Phone #2	Approx. Start Date:*	
Are you authorized to work in the US*? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Note: Proof required prior to employment and I-9 form from Dept. Immigration may be necessary.</small>			
Have you ever been convicted of any crimes*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____ <small>*Note: You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.</small>			
Birth date: * <small>*Note: Must be 18 years or older to apply. This birth date information is collected solely for background employment screening.</small>			

EDUCATION

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)					
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO		

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe **relevant to the position you seek**, such as customer service, computer skills, fluency in language(s), etc.

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include job-related volunteer work, if applicable. If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (_____) _____

Your Job Title: _____ (_____) Supervisor's Name: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM: _____ TO: _____ HOURS PER WEEK: _____ WAGE / SALARY : _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No.: (_____) _____

Your Job Title: _____ (_____) Supervisor's Name: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM: _____ TO: _____ HOURS PER WEEK: _____ WAGE / SALARY : _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Phone No.: (_____) _____

Your Job Title: _____ (_____) Supervisor's Name: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM: _____ TO: _____ HOURS PER WEEK: _____ WAGE / SALARY : _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

4 Name of Present or Last Employer: _____

Address: _____ Phone No.: (_____) _____

Your Job Title: _____ (_____) Supervisor's Name: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM: _____ TO: _____ HOURS PER WEEK: _____ WAGE / SALARY : _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

Employment Application Terms & Conditions

By submitting the application for employment, I, _____, agree to and incorporate the following terms and conditions:

I certify that answers given herein or on attached resume are true and completed to the best of my knowledge and I have personally completed this application. I understand that falsification of information provided on this application or on a resume if one is provided, or during the interview process, will constitute sufficient grounds for Green Bowl Time, LLC to terminate my employment.

I authorize Green Bowl Time, LLC and/or any of its agents to verify any information I have provided on this application, or a resume if provided, or during the interview process. I further authorize Green Bowl Time, LLC to conduct a background investigation and to check personal and employment references. I release anyone responding to Green Bowl Time, LLC's inquiries from any and all liability to me which could result from disclosure of information provided. I hereby release any and all claims I might have against Green Bowl Time, LLC or any of its agents related to such inquiries.

Introductory Period _____ (initial)

The 3-month introductory period for new hires and rehires is that period when the Green Bowl Time, LLC have an opportunity to evaluate. During the introductory period, the employee may be terminated without notice for any reason. Any leave days taken during the introductory period will be without pay. Employment will be decided upon satisfactory completion of the introductory period.

Absence _____ (initial)

The employee should notify his/her supervisor as soon as he/she knows that he/she will be unable to work, but no later than three hours prior to starting time of the employee's work day. The employee must notify his/her supervisor on each day of absence unless other arrangements have been made. Failure to provide proper notice may result in disciplinary action. Tardiness and absence may not be paid with wage or salary. A supervisor may request a doctor's note certifying the medical necessity for an absence.

Relocation _____ (initial)

Green Bowl Time, LLC has a right to relocate employee to other locations with 14 day notice in advance. If employee doesn't agree with Green Bowl Time LLC's decision, employment shall be automatically terminated and considered as an intention of resignation.

I have read and agree to these terms and conditions and hereby provide my consent for background and reference checks based on the information provided in this application.

Applicant's Printed Name

Signature of Applicant

Date