Caramel Cookie Waffles
Specialty Bakery / Restaurant
1707 17th. Street West
Billings, MT 59102 Phone: 406-252-1960 Fax: 406-259-8986 E-Mail: carmelcookiew@imt.net

Application for Employment at CCW

It is our Company Policy to grant equal employment opportunities to all qualified persons without regard to race, age, color, sex, national origin, handicap or marital status.

Name :_____ Date:_____
Address : _____
Street City State Zip
Phone :_____ Social Security # _____

Are you legally eligible for employment in the USA ? Yes_____ No _____
How did you hear of this opening ? _____
Position applied for ? _____Full-time ___Part-time___
Wage desired ?_____ When can you start ?_____ What days or hours are you not available to work ?_____Are you willing to work over-time ?_____
Have you been convicted of a felony ? Yes _____No _____If Yes, describe the conditions_____
_____

Education

	School/City/State	Highest year completed	Field of study	Degree
High School		1 2 3 4		
College		1 2 3 4		
Vocational		1 2 3 4		

Employment History

List your three most recent employers, beginning with your most current position

Employer	**From Mo Yr**	**To Mo Yr**	**Job Title And Duties**	**Supervisor**	**Salary Start**	**Salary Finish**	**Reason for leaving**
Name_____ **Adress**_____ _____ **phone**							
Name_____ **Adress**_____ _____ **phone**							
Name_____ **Adress**_____ _____ **phone**							

List any special Skills, hobbies,or talents _____
_____
May we request your educational and work history from the sources listed above ? Yes__No__
Hobbies, interests, life goals, and special skills_____
_____
List specific relevant Restaurant/ Bakery skills _____
_____
Please include resume / references if you like.
Applicant's Signature _____Date_____

Thank you for applying at CCW !