



Breakfast Station Employee Application

Name: _____ Date: _____

Phone Number: _____

Applying Position: _____

- Are you Authorized to work in the United States? Yes ___ No ___
- Available Start Date? _____
- Desired Salary? _____
- Have you previously worked for another Breakfast Station? Yes ___ No ___
- If you answered yes to the previous question, which location did you work at?

-What was your reason for leaving?

Days/Hours Available to work

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____



Employment History **Job** **Reason** **Start & End**
Employer **Position** **Responsibility** **for Leaving** **Date** **Contact**

Can you do the following WITH or WITHOUT Accommodations?

Lift up to 40lbs? With ___ Without ___

Lifting/Carrying bus tubs? With ___ Without ___

Be Standing/Walking for extended periods of time? With ___ Without ___

(Ex: Reasonable standing/walking time 6hrs)

Reasonable accommodations will be made by Breakfast Station as long as it does not hinder business