





Ivar's is an Equal Opportunity Employer and participates in the E-Verify program, which is the electronic system established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA) to verify newly hired employees' identity and employment eligibility.

E-Verify

We consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual orientation, disability, gender identity and any other basis protected by applicable federal, state, or local law. Any applicant who needs reasonable accommodations to participate and complete the application process should contact Ivar's/Kidd Valley Human Resources Department at (206) 587-6500.

		PERS	ONAL II	NFORM	ATION				
Name									
Street Address		C	City		State		Zip		
Primary Contact	Number		Secondary Contact Number						
E-mail Address									
If offered employ	ment by Ivar's	/Kidd Valley, can you	ı provide ı	verificati	on of your lega	al right t	o work ir	n the Unit	ed States?
		Yes) No				
			PLACE	EMENT					
Position Sought				Preferred Location/City					
Available: Full Time Part Time Either				Available Start Date					
	_	ld to work at Ivar's/K ervice. Please select	_		t 18 to work as	a mana	ger, and	l at least	21 for certain
	and under	<u> </u>			20		21 and c	over	
		AVAILABIL	ITY (CIRC	LE ALL T	HAT APPLY)				
Sunday	Monday	Tuesday	Wedn	esday	Thursday	,	Friday	,	Saturday
AM	AM	АМ	Α	M	AM		AM		AM
PM	PM	PM	Р	M	PM		PM		PM
Have you worked	d for Ivar's/Kid	d Valley before?	Yes		□No				
If yes, please list	dates and loca	ation(s):							
Did a current Iva	r's or Kidd Val	ley employee recomi	mend you	apply? If	so, please lis	t name:_			
List relatives em	ployed by this	company:							
			EDUC	ATION					
		Name of School		Years (Completed	Grad	uate?	Diplom	na or Degree
High School	ol					Υ	N		
College						Y	N		
Graduate Scl	nool					Υ	N		
Trade/Busin	ess					Υ	N		

EMPLOYMENT HISTORY									
EMPLOYER	JOB TITLE/DUTIES	DATES	SUPERVISOR	PHONE NUMBER					
		From: MonthYear To: MonthYear							
REASON FOR LEAVIN	IG								
EMPLOYER	JOB TITLE/DUTIES	DATES	SUPERVISOR	PHONE NUMBER					
		From: MonthYear To: MonthYear							
REASON FOR LEAVIN	IG								
EMPLOYER	JOB TITLE/DUTIES	DATES	SUPERVISOR	PHONE NUMBER					
		From: MonthYear To: MonthYear							
REASON FOR LEAVIN	IG								
Summarize special job related skills and qualifications acquired from employment and/or other experience:									
knowledge. I understa process may result in	and that if I am employ immediate dismissal.	yed, discovery that I g	illey is true and complet pave false information du	uring the application					
employment and simi application. I hereby r claims, liabilities and	ilar background inform release all parties and damages for any reas	nation, and to contact persons connected w on arising out of the fu	my character, general retains any and all references with any such request for urnishing of such inform provide regarding my w	I have given on my information from all ation. If employed, I					
without cause, and wi understand that no re writing, has any author	ith or without notice at epresentative of Ivar's	any time, at the option and Kidd Valley, other agreement for employ	and compensation can be n of either Ivar's and Kid er than the President, ar ment for any specified p	ld Valley or myself. Ind even then only in					
of my employment, or	r if I lose, damage, or	fail to return any lvar'	es or loans me any mone 's and Kidd Valley prope such loans or advance	erty, the company is					
Applicant Signature:_			Date:						