

SNACK BAR **EMPLOYEE APPLICATION**



Email to: sailawaysnackbar@gmail.com

		ERSONALI	O IX	IVIA I I O II					
LAST NAME:		FIRST NAME:				DATE:			
STREET ADDRESS:							PHONE:		
CITY:		STATE:				ZIP:			
IF HIRED FOR THE POSITION SERVSAFE FOOD HANDLERS	IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? YES NO				WERE YOU REFERRED BY A CURRENT EMPLOYEE? IF YES, WHAT IS THEIR NAME?				
HAVE YOU EVER BEEN EMPL	OVED AT THE M R C2	YES	NO	IF YES, WHICH PO	OSITION?				
TIAVE TOO EVER BEEN EIVIPE	LOTED AT THE WI.B.C:	TLS		iii 123, Williciti (
	EI	MPLOYME	NT IN	TERESTS					
POSITION DESIRED:	DATE AVAILABLE TO START:				ARE YOU AVAILABLE TO WORK WEEKENDS/HOLIDAYS?				
							YES NO		
TYPE OF EMPLOYMENT DES	LIST DAYS AND HOURS AVAILABLE FOR WORK:				ARE YOU AVAILABLE TO WORK OVERTIME?				
FULL -TIME						YES NO			
		EDU	CATIO	N					
SCHOOL LEVEL	SCHOOL NAME AND LOCATION				DID YO		CERTIFICATE OR DEGREE EARNED		
HIGH SCHOOL									
COLLEGE / UNIVERSITY									
POST-GRADUATE									
BUSINESS / TRADE / TECHNICAL									

		RE	FERENC	ES			
NAME OF REFERENCE		TITLE AND COMPANY		PHONE NUMBER OR EMAIL ADDRESS		WORKING RELATIONSHIP TO THIS PERSON	
	EMPLOYMENT	Γ INFORMATION ((START V	/ITH MOST F	RECENT	EMPLOYER)	
	COMPANY NAME:		DATES EMPLOYED:		POSITION:		
1	DUTIES:				REASON FOR LEAVING:		
	COMPANY NAME:	COMPANY NAME: DATES EN			POSITION:		
2	DUTIES:				REASON I	FOR LEAVING:	
	COMPANY NAME:		DATES EMP	.OYED:	POSITION	ı:	
3	DUTIES:				REASON I	FOR LEAVING:	
OF THIS CONSENT TO	INFORMATION MAY O FORMER EMPLOY	PREVENT ME FROM BE ERS TO PROVIDE WORK	ING HIRED (REFERENCE A MANNER	OR LEAD TO MY D S.THIS WAIVER D PROHIBITED BY T	ISMISSAL OES NOT HE AMER	D THAT THE FALSIFICATION IF HIRED. I ALSO PROVIDE PERMIT THE RELEASE OR US ICANS WITH DISABILITIES AC	
		APPLICANT SIGNATURE			D	ATE	