



APPLICATION FOR PART-TIME EMPLOYMENT

DATE: _____

(MR./MRS./MISS) NAME: _____

SOCIAL SECURITY #: - - _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CELL PHONE #: () - - _____

EMAIL ADDRESS: _____

DATE OF BIRTH: / / **AGE:** _____

DO YOU HAVE A DRIVER'S LICENSE?: YES/NO

OF HOURS AVAILABLE FOR WORK EACH WEEK: _____

****The section below is for the school year months of MARCH-MAY & AUGUST-OCTOBER, please mark to the best of your knowledge. We understand your availability may change throughout the year. ****

****Below are the different shifts that we schedule throughout the day. Please mark which shift or shifts you would be available to work that day.****

<u>AVAILABILITY:</u>	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>	<u>COMMENTS</u>
MON: (10:45a-4:30p) _____	_____	_____	_____	_____
(11:00a-4:30p) _____	_____	_____	_____	_____
(3:00p-5:30p) _____	_____	_____	_____	_____
(3:00p-8:30p) _____	_____	_____	_____	_____
(4:30p-9/9:30p) _____	_____	_____	_____	_____

(5:30p-9/9:30p) _____

(6:30p-9/9:30p) _____

TUE: (10:45a-4:30p) _____

(11:00a-4:30p) _____

(3:00p-5:30p) _____

(3:00p-8:30p) _____

(4:30p-9/9:30p) _____

(5:30p-9/9:30p) _____

(6:30p-9/9:30p) _____

WED: (10:45a-4:30p) _____

(11:00a-4:30p) _____

(3:00p-5:30p) _____

(3:00p-8:30p) _____

(4:30p-9/9:30p) _____

(5:30p-9/9:30p) _____

(6:30p-9/9:30p) _____

THU: (10:45a-4:30p) _____

(11:00a-4:30p) _____

(3:00p-5:30p) _____

(3:00p-8:30p) _____

(4:30p-9/9:30p) _____

(5:30p-9/9:30p) _____

(6:30p-9/9:30p) _____

FRI: (10:45a-4:30p) _____

(11:00a-4:30p) _____

(3:00p-5:30p) _____

(3:00p-8:30p) _____

(4:30p-9:30/10p) _____

(5:30p-9:30/10p) _____

(6:30p-9:30/10p) _____

SAT: (10:45a-4:30p) _____

(11:00a-4:30p) _____

(12:00p-4:30p) _____

(1:00p-5:30p) _____

(4:30p-9:30/10p) _____

(5:30p-9:30/10p) _____

(6:30p-9:30/10p) _____

SUN: (11:45a-4:30p) _____

(12:00P-4:30p) _____

(12:30P-5:30p) _____

(2:00p-6:30p) _____

(3:00p-6:30p) _____

(4:30p-9/9:30p) _____

(5:30p-9/9:30p) _____

(6:30p-9/9:30p) _____

***Please list below any dates that you will not be able to work that you know in advance* (due to vacations, etc.) (Our season typically runs from March - October)**

EDUCATIONAL RECORD:

HIGH SCHOOL: _____

CURRENT GRADE OR GRADUATION YEAR: _____

COLLEGE: _____

CURRENT YEAR OR GRADUATION YEAR: _____

SCHOOL ACTIVITIES:

1. _____ 2. _____ 3. _____ 4. _____

EMPLOYMENT RECORD:

Name of Employer	Phone Number	Position	Dates of Employment
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1. _____

2. _____

3. _____

REFERENCES:

Name	Phone Number	Occupation
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1. _____

2. _____

3. _____

I hereby state that, to the best of my knowledge, the above is true and complete. Any statement made therein may be checked for validity. Any false statement will result in immediate dismissal.

Signed _____

Date: _____