

StakZ FROZEN YOGURT

PERSONAL INFORMATION

full name phone

address

city state zip

are you employed now? YES NO If so, can we contact your employer? YES NO

date available to start work

desired hours per week expected salary

WHAT DAYS + HOURS ARE YOU AVAILABLE TO WORK?

monday	tuesday	wednesday	thursday	friday	saturday	sunday

EDUCATION

name + location years attended graduation year

high school

college

FORMER EMPLOYER

month + year

name of employer

salary

position

from

starting

to

leaving

reason for leaving

duties

supervisor's name

contact number

FORMER EMPLOYER

month + year

name of employer

salary

position

from

starting

to

leaving

reason for leaving

duties

supervisor's name

contact number

List any additional information or abilities which may be important or will further qualify you for the position.

I certify that the information provided by me on this application is true and accurate to the best of my knowledge.

applicant's signature

date