

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