

APPLICATION FOR STORMS OF BURNET

NAME_____

PHONE NUMBER_____

DATE_____

DATE OF BIRTH_____

DAYS YOU CAN NOT WORK_____

SHIFTS YOU CAN NOT WORK_____

WHY ARE YOU THE RIGHT PERSON FOR THIS JOB ?_____

PAST EXPERIENCE IN QUICK SERVICE_____

HOW MANY HOURS PER WEEK ARE YOU WANTING TO
WORK? 10-20 20-30 30-40 (circle one)

MEANS TO GET TO WORK_____

AFTER SCHOOL ACTIVITIES_____

SIGNATURE_____

-

—

-