



Application for Storms



Name: _____

Phone number: _____ Date: _____

Date of Birth _____

Days you cannot work: _____

Shifts you cannot 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? Circle one

10-20 20-30 30-40

Means to get to
work: _____

After school
activities: _____

Signature: _____