

Storm's Drive-In Inc.

Job Application

Date: _____

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Phone Number: _(_____)_____

Age: _____ Date of Birth: _____

Are you in school? (circle one) Y N If yes, what grade? _____

If no, grade completed? _____

Extra activities (circle all that apply) Sports Clubs Band

Are you presently employed? Y N If so where? _____

Position desired (circle one): Full Time Part Time

Available for (circle all that apply.) Days Evenings Weekends

Record of Previous Employment

Where Employed	How Long	Reason for Leaving

Desired Salary: _____