

EMPLOYMENT APPLICATION- LANSDOWNE ST. BASKIN ROBBINS

NAME:		AGE:	
ADDRESS:		BIRTH DATE:	
POSTAL CODE:			
PHONE NUMBER:			

STUDENT													
HOURS AVAILABLE:													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 20%; text-align: center;">Mon- Thurs</td> <td style="width: 20%; text-align: center;">Fri-Sun</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;">FROM:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TO:</td> <td></td> <td></td> <td></td> </tr> </table>		Mon- Thurs	Fri-Sun		FROM:				TO:				
	Mon- Thurs	Fri-Sun											
FROM:													
TO:													
Parents Name:	Phone:	Occupation:	Notes:										
Parents Name:	Phone:	Occupation:											
School Name:													
Last Grade Completed:													
Grade Point Average:													
Grade Now Enrolled:													
Sports or Activities:													
Future Education Plans:													

EMPLOYMENT BACKGROUND (WORK HISTORY) LIST YOUR PRESENT OR LAST POSITION FIRST

COMPANY:	JOB:	RATE/HR:
DATES WORKED: FROM	TO	
SUPERVISOR:	REASON FOR LEAVING:	
COMPANY:	JOB:	RATE/HR:
DATES WORKED: FROM	TO	
SUPERVISOR:	REASON FOR LEAVING:	
COMPANY:	JOB:	RATE/HR:
DATES WORKED: FROM	TO	
SUPERVISOR:	REASON FOR LEAVING:	

SALARY EXPECTED:

DO YOU SMOKE?

WHY DO YOU WANT TO WORK AT LANSDOWNE ST BASKIN ROBBINS?

HOW FAR DO YOU LIVE FROM THE STORE?

DO YOU KNOW ANYONE WHO WORKS AT THIS STORE?

IF YES, THEIR NAME:

I CERTIFY THE ACCURACY OF THE ABOVE INFORMATION

SIGNATURE:	DATE:
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