

Name Last First Middle

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Address

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Phone Numbers Home Cell

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Email

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Age Over 18 Over 21

DATES AVAILABLE TO WORK: Summer May-October Year Round

Start Date End Date (if applicable) How many hours per week can you work?

What days and hours are you available? Check all that apply:

| | | | | | | | | | | | |
|--------------------------|-----------|--------------------------|----|--------------------------|----|--------------------------|----------|--------------------------|----|--------------------------|----|
| <input type="checkbox"/> | Monday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM |
| <input type="checkbox"/> | Tuesday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM | <input type="checkbox"/> | Friday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM |
| <input type="checkbox"/> | Wednesday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM | <input type="checkbox"/> | Saturday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | Sunday | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM |

| EDUCATION | Years Completed | Field of Study | Grad Year |
|--------------------|-----------------|----------------|-----------|
| High School | | | |
| College/University | | | |
| Business/Tech | | | |

| EXPERIENCE | Employer | Job Duties | Dates |
|------------|----------|------------|-------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

REFERENCES Must provide 3 to be considered.

| | Name | Telephone # |
|---|------|-------------|
| 1 | | |
| 2 | | |
| 3 | | |

I certify that the above information is true and accurate

Name _____ Date _____