

**Personal Information**

Last Name, First, Middle Initial	Social Security#
Current Address (Write Previous on Back if less than 3 yrs)	
Street:	
City, State, Zip:	
Home Phone:	Cell:
Email:	
Date of Birth (if under 18)	Position Desired
When Can you start	Hrs. Wanted Per Week
Last day of season you can work:	
Current School /End Date:	
Fall School/Start Date:	
Days Need Off: Camp, Family Vac., Other:	

**General Work Availability**

Indicate availability with a Check/Mark	Yes	No	Unsure	Mo	Tu	We	Th	Fr	Sa	Su
Week Day Hours: 8:00 am-4:00 pm									N/A	N/A
Week Night Hours: 4:00 pm - 12:00 am									N/A	N/A
Weekend Day: Hours: 8:00 am-4:00 pm				N/A	N/A	N/A	N/A	N/A		
Weekend Night: Hours: 8:00 am-4:00 pm				N/A	N/A	N/A	N/A	N/A		
Available for Overtime?				N/A	N/A	N/A	N/A	N/A	N/A	N/A
On-Call (Rainy Days/ Special Events)?				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Memorial Day Weekend?				N/A	N/A	N/A	N/A	N/A	N/A	N/A
4th of July Weekend?				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Labor Day Weekend?				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Full-time (35-40 Hrs. Per week)				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part-Time (34 Hrs or Under)				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pre-Season (Before Memorial Weekend)				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other: Example (Hours preferred)										

**Basic physical requirements for most positions (circle answer)**

Do you have any physical limitations /injuries that would prevent you from the following?		Yes	No	Unsure	Mo	Tu	We	Th	Fr	Sa	Su
1. Can you lift heavy objects (at least 30 pounds)					N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. Can you be on your feet for long periods of time					N/A	N/A	N/A	N/A	N/A	N/A	N/A

If no, are there any specific jobs for which you would rather not be considered?

**If no prior work Experience please list Household and/or Volunteer Activities Below**


**By signing below, you affirm that this application was personally completed by you and is true and correct to the best of your knowledge**

Signature of Applicant	Date

**Office Use Only**

Date Reviewed:	Review By:
Hire Date:	

**WORK EXPERIENCE (List most recent first)**

Company Name:	Supervisor / Telephone
Street Address, City, State, Zip-code	
Company Name:	Supervisor / Telephone
Street Address, City, State, Zip-code	

**(Please list additional Employment History on back)**
