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Employment Application

380 Main Street, Sturbridge, MA 01566

E-mail Application to WickedLicksMA22@aol.com

APPLICATION DATE

Personal Information

NAME			PHONE NUMBER
PRESENT ADDRESS	CITY	STATE	POSTAL CODE
POSITION APPLIED FOR	E-MAIL ADDRESS	If you are under 18, state your age. You may be requested to provideproof of your age before hire and a copy of a work permit (if applicable).	AGE

Yes	No		
☐	☐	Are you presently employed?	Date of availability:
☐	☐	Do you have a current CPR training certificate?	
☐	☐	Do you have any FoodSafe training? What type?	
☐	☐	Do you have a reliable way to get to work?	

Availability ***(11:30 am to 9:30 pm)*** **Circle Months Available:** ***May June July August September October***

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:		Closed	Closed				
To:							

Education Background *(List the last achievement first) If more room is needed, please attach additional page.*

School	Location	Degree	Period (Year)	

Employment Background *(List your present or last position first) If more room is needed, please attach additional page.*

Period (Year)		Company	Phone	Position	Reason for Leaving

References *(Do not include family members.)*

Name	Relationship	Contact Number

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Employment Skills/Experience *List any skills and experience being brought to this job below.*

I declare that the information contained in this application is correct to the best of my knowledge and understand that any omission or incorrect information is just cause for the rejection of my application.

SIGNATURE

DATE

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