



128 Luzerne Avenue, West Pittston, PA 18643 • 570-814-1439 • Open 2pm - 10 pm Daily

Applicants Name _____ Birthdate: _____

Address _____ City, State, Zip: _____

Phone No. (_____) _____ Referred By _____

Ideally, how many hours a week would you like to work? _____ Available Start Date _____

For Scheduling Purposes - **Please Circle all that apply. This does not mean that you will automatically get those days to work or off. It's just an idea of how much you will be available.**

Available/Preferred Days (2 pm - 6 pm)

Monday & Tuesday (closed) Wednesday Thursday Friday Saturday Sunday

Available/Preferred Nights (6 pm - 10 pm)

Monday & Tuesday (closed) Wednesday Thursday Friday Saturday Sunday

Days you WOULD NOT be able to work

Monday & Tuesday (closed) Wednesday Thursday Friday Saturday Sunday

Have you ever worked in an Ice Cream Facility or other Food Service Establishment? (Yes or No) _____

If Yes, where and when? _____

Are you currently employed? If yes, where? _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone No. (_____) _____

Do you take any extended Summer Vacations? This is our busy time and we need people the most during this time. _____

If you are a minor, under the age of 18, please provide signature of consenting parent or guardian below.

sign X _____ Print _____

Signature of Applicant X _____ Date _____

With the placement of the signatures above, I certify that all information provided on this application is true and correct.

**** All information in this application is strictly confidential. Please return in a sealed envelope to the attention of Valerie Schultz at the address listed above.**