



APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____

LOCAL ADDRESS: _____

CELL: _____

E-MAIL: _____

Date of Birth : _____ SINGLE: _____ MARRIED: _____

**PRIOR EMPLOYER: (LIST CURRENT OR LAST EMPLOYER FIRST)
NAME OF BUSINESS, LOCATION, CONTACT PERSON, PHONE # & HOW LONG**

1

2

WHAT POSITION ARE YOU APPLYING FOR? _____

APPLYING FOR SEASONAL ... IF YES START: _____ STOP DATE _____

WEEKLY HOURS: _____ DAYS ABLE TO WORK CIRCLE: S M T W T F S

BREAKFAST/LUNCH: _____ - DINNER: _____ - EITHER: _____

DATE YOU CAN START: _____

ALL APPLICANTS ARE CONSIDERED.
IF YOU DO NOT HEAR FROM US IN ONE WEEK YOU MAY CALL TO INQUIRE THE STATUS OF YOUR APPLICATION.

SCOJO'S IS AN EQUAL OPPORTUNITY EMPLOYER