



APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____

Local Address: _____

Cell: _____ **Email** _____

Date of Birth: _____

Prior Employers (List Current or Last Employer First)

Name of Business, City, State, Contact Person, Phone # Contact and Position Held

- 1 _____

- 2 _____

What Location are you applying for: Market _____ **Eatery** _____

What Position are you applying for _____

Start Date: _____ **Stop Date:** _____

How Many Hours do you want to work per Week _____

Days Able to Work: S M T W T F S

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