

Kline's Dairy Bar  
 Harrisonburg, VA  
 540.434.4014 S. Main / 540.434.6980 W. Street  
 klinedairybar@yahoo.com

**APPLICATION FOR EMPLOYMENT**

NAME:		DRIVER'S LICENSE #	
ADDRESS:		PHONE:	
		E-MAIL ADDRESS:	
EMPLOYMENT DESIRED:		NUMBER OF HOURS DESIRED:	DATE YOU CAN START:
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>			DATE OF BIRTH:
		Optional unless work permit required	

**PREVIOUS EMPLOYMENT HISTORY**

COMPANY	POSITION	PAY RATE	DATES EMPLOYED
1)			
2)			

**EDUCATION**

CURRENTLY ENROLLED?

YES     NO

NAME OF SCHOOL: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

**LOCAL REFERENCES**

NAME	PHONE NUMBER:
1)	
2)	

If applicable, please fill in below with your school schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
F A L L					
S P R I N G					

Do you have any SPORTS commitments? (Fall or Spring) Please use the back of this sheet if you need more space.

Do you have any other weekly commitments? (Fall or Spring)

Have you ever been convicted of any charges other than traffic violations? Yes \_\_\_ No \_\_\_  
 If yes, provide further explanation: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_