

Kline's Dairy Bar
 2425 South Main Street
 Harrisonburg, VA 22801
 540.434.4014 S. Main / 540.434.6980 W. Street
 klinedairybar@yahoo.com

APPLICATION FOR EMPLOYMENT

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

PREVIOUS EMPLOYMENT OR VOLUNTEER 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					
G					

College Students: Are you available to work during Maymester and Summer Season? _____

Do you have any SPORTS or Weekly commitments? Young Life, Sorority etc. _____

List any dates that you anticipate needing off: _____

Have you ever been convicted of any charges other than traffic violations? Yes ___ No ___

If yes, provide further explanation: _____

Provide Resume, if available. Use back of application for any additional information.

Signature of Applicant: _____ Date: _____