

EMPLOYMENT APPLICATION

616 Whipsering Pines Rd Daphne, AL 36526 251-626-5120

RINK SIDE APPLICATION

ADDITION TO THE ODMATION																
APPLICANT INFORMATION																
Last Name						First					M.I.		Date			
Street Address											Apartment/Unit #					
City							State						ZIP			
Phone						E-ma	l Address									
Date Available						Des				sired Sal	ary					
Position Applied for																
Are you 19 years of age or older?							If NO	If NO, what is your current age? DOB:								
Have you ever worked for this company? YES □ N						NO 🗆	If so	o, whe	en?							
Have you ever been convicted of a felony? YES □ N						NO 🗆	If ye	es, ex	plain							
Are you eligible to work in the United States? YES						NO 🔲										
EDUCATION																
High School City & State:																
From		To Did you g		graduate?	e? YES 🔲 NO			Degree								
College		City & State:														
From			To Did you g		graduate?	YES 🔲	NO		Degree							
REFERENCES																
Please lis	t one	profe	ession	al referen	ce and two	personal re	ferences									
Full Name									Relationship							
Company									Pl	none						
Full Name									R	Relationship						
Company									Pl	none						
Full Name									R	Relationship						
Company									Pl	none						
List hours available each day:																

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
То:	То:	То:	То:	То:	То:	То: