BUG-A-BOO BAY EMPLOYMENT APPLICATION

GENERAL INFORM											
Name First	Last							Phone			
Address				TI .	-	City	-			State Zip	
		- N		777		1					
PERSONAL INFORI		I.	1		le i	10 :	1.1. (1	: a			
Are you over 18 year		Yes	No		If unde	r 18, give	date of I	oirth			
Parent or Legal Guar	dian if under 18	years of age		Name				In I			
Address								Phone		NI.	
				performing this job? Yes						No	
Are you legally author	rized to work in	the United States?						Yes		No	
MPLOYMENT INFO	ORMATION										
Position(s) Desired							Date available to start				
Hours Desired (chec	k one)	Part Time		Full	Time		Total ho	ours per we	eek		
Do you have another			at Bug-A-E	Boo Bay?)		Yes			No	
What days of the we						v)					
	Sunday	Monday		sday	1	nesday	Thu	rsday	Frid	ay	Saturday
Day											
Night						-					
		T (8-1-)									
EDUCATION	Maur	a of Cohool		Curron	4lv/	Year		Course	of Study		Degree (if
ype of School Name of School			Currently Attending?		Completed		Course of Study			Graduated)	
High School				Attoria		Compi	otou				
College						1					
Other						1					
Special knowledge,	kills or ahilities										
opecial knowledge,	okiiio, or abilitios										
TARLOVAENT INC	- CDV ((())									
EMPLOYMENT HIS	TORY (most re	cent tirst)	T _D L		_		Datas	-f Employer	ant I		
Company			Phone	. 7. 70.0			Dates	of Employn	nent		
Position			_	sibilities							
Supervisor				for leav	ing		Datas	f Familia a			
Supervisor			Phone	11 11111			Dates	of Employn	nent		
Company			_	sibilities							
Company Position				for leav	ing		Data	£ [
Company Position Supervisor			Phone	9			Dates	of Employn	nent		
Company Position Supervisor Company			D	CIDILITIOS		_					
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Company Position Supervisor Company Position			_	for leav	ing						
Company Position Supervisor Company Position Supervisor REFERENCES			Reason	for leav	ing						
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Company Position Supervisor Company Position Supervisor REFERENCES			Reason	for leav	ing				Phone		

national origin, religion, sex, age, marital status, sexual orientation, or status with regard to public assistance or disability.

I hereby authorize Bug-A-Boo Bay to investigate all statements contained in this application and agree to hold Bug-A-Boo Bay harmless in this regard. I understand that misrepresentation or omission of material facts will be considered cause for discharge. I also understand that the Doctrine of Employment At Will governs employment with Bug-A-Boo Bay.

SIGNATURE	