SLEEPY HOLLOW POOL

Snack Bar Application

Date:						
Name			Phone	Phone		
Permanent Address						
City		State	Zip	Sex: o Male	o Female	
Health		Describe any physical limitations:				
Date Available to sta	rt:		Hours Available:			
Days	available o	Mon o Tues o We	ed o Thurs o Fri o	Sat o Sun		
RECORD OF EDUCAT	ION:					
RECORD OF EDUCAT		ddress of School	Years Attended	Date Graduated	Major	
Elementary	Traine a 7 to	<u> </u>	Tears / teerraca	Date Gradated	- Major	
High School						
College						
Other						
RECORD OF EMPLOY	MENT					
Former Employer		tart/End	Type of work	Type of work		
References: (Include name and cell contact/or email						
1						
2						
3						
A background check	will be cond	ucted prior to hire.				
I hereby certify that	all of the for	egoing statements ar	e true and correct.			
Signed: Date:						
Return application t	1317 Butterf	ield Road, San Ansel	mo, CA 94960			
or email completed application to sleepyhollowpool@gmail.com						