

PERSONAL INFORM	<u>IATION</u>		DATE OF APPLICATION:						
Name:									
	Last	First		Middle					
Address:									
	Street	(Apt)		City, Sta	te	Zip			
Alternate Address:									
	Street			City, State		Zip			
Contact Information	: () Home Telephone		() Mobile		Ema	ail			
How did you learn abo	out our company?								
POSITION SOUGHT:	:		Available Start Date:						
Desired Pay Range:	By Hour or Salary								
EDUCATION	Name and Locat	ion	Graduate?	- Degree?	Maior / S	ubjects of Study			
High School					•	•			
College or University									
Specialized Training, Trade School, etc									
Other Education									
Please list your area	ns of highest proficiency abilities in performi				may cont	ribute to your			

WEEKLY AVAILABILITY

(Please mark with an "X" on days or shifts you will NOT be able to work at 'KaZe during the week)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY					
LUNCH												
LUNCH												
DINNER												
If you marked any days or shifts you are unable to work, please explain the reason why:												
PREVIOUS EXPERIENCE												
<u>Please li</u>	st beginning fro	m most recent										
Dates Employed		Comp	Company Name		Location		Role/Title					
Job notes, tasks performed and reason for leaving:												
Dates Employed		Comp	Company Name		Location		Role/Title					
Job notes, tasks performed and reason for leaving:												
Dates Employed		Comp	Company Name		Location		Role/Title					
Job note	es, tasks perfo	ormed and rea	son for leavin	g:								
References:												