

SPRINGFIELD

ICE SKATING RINK

EMPLOYMENT APPLICATION

DATE _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SS# _____ DATE of BIRTH _____

POSITION DESIRED _____

EDUCATION

GRAMMER SCHOOL _____

HIGH SCHOOL _____ GRADE _____

COLLEGE _____ GRADE _____

EMPLOYMENT

PRESENT OR LAST JOB _____

EMPLOYER _____

DUTIES _____

IF YOU ARE HIRED, WILL YOU BE WORKING ANOTHER JOB? YES NO

CONSIDERING THE ICE RINK IS OPEN 7 DAYS A WEEK, DUE TO ANOTHER JOB, SPORTS OR SCHOOL ACTIVITIES WHAT DAYS AND TIMES WOULD BE DIFFICULT FOR YOU TO WORK AT THE ICE RINK.

REFERENCE

NAME _____ PHONE _____

The Above Information is Correct: Signature _____