

## W.M.S.J. Co. Application for Employment



**Please Note:** We put a lot of weight on how this application is filled out in making our hiring decisions. Answer all of the questions, especially the last one.

If your application is incomplete or illegible you will not be considered for employment.

Today's Dat	e:	_	(Check Off which loca		
Name:	Last		First		
Primary Pho	rimary Phone: ()			1411	
Secondary Phone: (					
Email:					
Address:		City:			
State/Zip:	Date of Birth (optional):				
Positioned I	Positioned Desired:Full Tin		Full Time:	Part Tiı	me:
Date Availal	ble to Start:	Do Yo	u Have Access to Reliable	Transportation?	
DUCATION					
		Name/Locati	on	Years Attended	Graduated
High School					
College					
Other					

<sup>\*</sup>Please attach s resume or a list of other training, certificates or special skills that you possess.

## EMPLOYMENT HISTORY

Please list most recent employer first

Month/Year	Name/Address	Position	Salary	Reason for Leaving	
From:					
To:					
From:					
To:					
From:					
To:					
Have you ever been discreason for termination.	charged by an employer?	If yes, please expla	in with the name	e of the employer and the	
AVAILABILITY					
AVAILABILITI					
Which of the following times will you normally be available to work? (Check all that apply)					
Af	ternoons after School (Mon-F	ri) We	ekend Nights	(Fri, Sat, Sun)	
Scl	School Nights (Mon-Thurs) Weekend Days (Sat, Sun)		Sat, Sun)		
	Weekdays during Vacations Weeknights during Vacations (Includes Summer) (Includes Summer)				
Will you be av (Check all that ap	railable to work:				
Ea	ster Sunday	Lat	oor Day Week	end	
Mo	other's Day	Jul	y 3 <sup>rd</sup>		
Fat	cher's Day	July	y 4 <sup>th</sup>		
Me	emorial Day Weekend				

## AVAILABILITY CONTINUED

Ideally, how many hours per work week (Monday thru Sunday) would you want to work?					
:	School Weeks:	hrs	Vacation Week	cs (Summer):	hrs
	ist and provide a reasovailable to work:	on for any spe	cific days or time	es when you would	generally
•	now you will need ex the dates and reason		ff (more than thre	ee days off in a row	) please
	any date after which please provide the dat			? (i.e. leaving for co	llege).
Please l	ist any groups you are	e a member of	(sports, activities	s, church, social, etc	<b>:</b> ):
Note: eve	what date and days on if you can only work on plain. (i.e. College, Sports	e day in the spri			

Referred By:
Please list anyone you may know that has worked or currently works at Cherry Farm Creamery and/or Sun 'N Air Golf Center.
The Use of Cell Phones, iPods, mp3 Players, etc. are strictly prohibited during work hours. All employees are required to be able to work an entire work shift with out using or checking any of these devices. Would you be able to work a three to six hour shift without using or checking your Cell Phone, iPod or mp3 player, etc?
Please explain why you would like to be considered for employment and what makes you stand out over other applicants. (Note: everyone is a "hard worker" and wants to "make money", so please tell use something else)

## W.M.S.J. Co. is an Equal Opportunity Employer.

Are you legally authorized to work in the USA? (Proof of eligibility will be required upon employment.)	YES	NO		
Are you under the age of 16 years? If Yes, you must provide W.M.S.J. Co. with a Work Per	YES rmit upon employment	NO		
Have you ever been employed with us before?  If Yes, please state dates, department worked in and rea	YESson for leaving:	NO		
W.M.S.J. Co. does not tolerate sexual harassment in the work place. Upon employment, you will be required to sign a receipt of our sexual harassment policy.				
OFFICE USE ONLY				
Date Application Received:	Date of Follow Up:_			
Date of Interview:	Date of Hire:			
Position: Salary:	Start Date:			
Schedule Available:				
Other Notes:				