

321 Comanche Street Council Bluffs, IA, 51501 712-256-0398

Tuesday - Sunday Summer Hours: Ilam - IOpm Winter Hours: Ilam - 9pm

Employment Application

Full Name:	Phone Number:	
Address:	State: Zip Code:	
Email Address:	Social Security Number:	
Are you legally eligible for employment in the U.S.? Yes □ No □	Are you under the age of I6? Yes □ No □	
Position applying for:	Are you able to work a minimum of ten hours a week? Yes □ No □	
Are you currently employed? Yes ☐ No ☐	Date available to start:	
Check the boxes that correspond with your availablity:		
Part-time ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ Full-time ☐ Day ☐ Night ☐ Any ☐		
Education:		
Please start with your current enrollment/most recently completed level of education. Please include degree earned/equivilant, graduation date/expected graduation date:		

Employment History (please start with your most recent employer):

Employer, address, & phone number	Position, supervisor, & pay	Start and end date, & reason for leaving
Please list three references:		
Name	Relationship & years known	Phone number
n dada I I	and an indicate that the staffs are	
By signing you hereby acknowledge that the information provided is correct and authorize Doozie's to contact your previous empoyers.		
		1 2
Signature:	Date:	