



EXETER, PA - 570 -693-2270

 Last Name First Name Middle Initial Social Security Number

 Street Address City State Zip Date of Birth Phone #1 Phone #2

 Position Desired Salary Desired Are You Employed? If so, may we inquire of your present employer?

EDUCATION	Name and Location of School	Years Attended	Date Graduated	Extra Activities
HIGH SCHOOL				
COLLEGE				

List below ALL days and shifts that you are available to work. We open at 10AM and close at Midnight.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Please write the name of the person who referred you (if any) _____
 How many dependents do you need declared for tax purposes? _____

EMPLOYMENT HISTORY

List below former employers beginning with your most recent job.

Name of Employer	Start Date	End Date	Salary	Position	Reason for leaving	Phone #	Supervisor's Name

If you have any other abilities, experiences or strengths that would prove useful at Sabatini's please describe them on the back of this page. I attest that all information presented above is accurate and complete to the best of my knowledge. Inaccuracies or omissions may be cause for dismissal. I agree to reimburse Sabatini's completely for any damages that arise due to my actions or inactions.

AREA FOR IN HOUSE USE ONLY	
	PAY RATE

 Signature