

Sugar Hill Dairy, LLC
602 Pleasant Street
Bridgewater, MA 02324
(508) 279-1425

JOB APPLICATION FORM
(Ice Cream Stand)

PERSONAL INFORMATION

Name: (First, Middle Initial, Last) _____

Date of Birth: _____ Gender: Male _____ Female _____

Home Address: _____
Number and Street City State ZIP

Phone Number: Home _____ Cell _____

If you are under 18, do you have an employment permit? (Usually obtained from the guidance office of your school) Yes _____ No _____

AVAILABILITY

Days/Hours (from-to) available

Must be available nights, weekends, and holidays during open season

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Date you are available to start: _____

EDUCATION

Name and address of school you are currently attending or most recently attended:

Graduation date: _____

Have you taken, or are you taking, any courses related to food service? Yes _____ No _____

EMPLOYMENT (past or present)

Employer: _____

Address: _____
Number and Street City State ZIP

Phone Number: _____

Email: _____

Position/Title: _____

Dates employed: From _____ to _____

Responsibilities: _____

Supervisor's name: _____

May we contact the employer listed above? Yes _____ No _____

Have you ever had any experience working with, handling, or scooping ice cream?

Yes _____ No _____

REFERENCES

Please supply name, address, phone number, and relationship (How you know this person, i.e., as a family member, friend, business acquaintance, etc.)

VACATION

Please list any scheduled vacation dates
