Lot: Please Select Lot

**MANAGER COPY - KEEP AT LOT** 



## **AVAILABILITY FOR EMPLOYMENT**

First Name	M.I. Las	. Last Name			Today's Date mm/dd/yyyy	
Street Address					Apt. #	Email Address
City		State		ZIP Code		Cell Phone #
Have you ever been employed with Pumpkin City before?		YES	NO	Year:		
Do you need a work permit?		YES	NO			
If you are	e 18 years of age	or younge	er <u>and</u>	are still in h	igh school, y	ou will need a work permit.
	DAY	S AND H	10UR	S AVAILA	BLE TO W	ORK
Monday-	Thursday 10:30am	to 9:00pm	, Friday	y 10:30am -9:	30pm, Saturda	y & Sunday 9:30am-9:30pm
MONDAY	From:				To:	
TUESDAY	From:				To:	<del>2</del>
WEDNESDAY	From:				To:	±
THURSDAY	From:				To:	W.
FRIDAY	From:				To:	-
SATURDAY	From:				To:	-
SUNDAY	From:				To:	
Notes to						
Manager:						
Other th	an time off for reas	ons relate	d to vo	ur religion or	any disability	or medical condition, are there any
						y? If yes, please list in manager note
		ln	case o	of emergency	please contact	ti:
Name:		Re	elationsh	in <sup>.</sup>		Phone: