



128 Luzerne Avenue, West Pittston, PA 18643 • 570-814-1439 • Open 2pm - 10 pm Daily

Applicants Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Referred By \_\_\_\_\_

Ideally, how many hours a week would you like to work? \_\_\_\_\_ Available Start Date \_\_\_\_\_

For Scheduling Purposes - **Please Circle all that apply**

**Available/Preferred Days (2 pm - 6 pm)**

Monday    Closed Tues    Wednesday    Thursday    Friday    Saturday    Sunday

**Available/Preferred Nights (6 pm - 10 pm)**

Monday    Closed Tues    Wednesday    Thursday    Friday    Saturday    Sunday

**Days you WOULD NOT be able to work**

Monday    Closed Tues    Wednesday    Thursday    Friday    Saturday    Sunday

Have you ever worked in an Ice Cream Facility or other Food Service Establishment? (Yes or No) \_\_\_\_\_

If Yes, where and when? \_\_\_\_\_

Are you currently employed? If yes, where? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone No. (\_\_\_\_\_) \_\_\_\_\_

If you are a minor, under the age of 18, please provide signature of consenting parent or guardian below.

sign X \_\_\_\_\_ Print \_\_\_\_\_

Signature of Applicant X \_\_\_\_\_ Date \_\_\_\_\_

With the placement of the signatures above, I certify that all information provided on this application is true and correct.

\*\* All information in this application is strictly confidential. Please return in a sealed envelope to the attention of Valerie Schultz at the address listed above.

Any questions, feel free to call or email Mrs. Schultz at info@ballyhooicecream.com.