

EMPLOYMENT APPLICATION
B & G MILKYWAY

NAME: _____ HOME PHONE: _____ CELL: _____
ADDRESS: _____
AGE:(if a minor) _____ DATE OF BIRTH(if a minor) _____ SOC. SEC. NUMBER: _____
SCHOOL ATTENDING (if applicable) _____ CLASS RANK: TOP ¼ ___ MIDDLE ½ ___ LOWER ¼ ___
WORK EXPERIENCE: _____

LIST 3 REFERENCES. **DO NOT INCLUDE PARENTS OF FRIENDS, FRIENDS, OR RELATIVES:**

NAME	HOW RELATED	TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY SOCIAL OR CHURCH COMMITMENTS, FAMILY OBLIGATIONS OR SCHOOL ACTIVITIES (SPORTS, BAND, ETC...) YOU FEEL WOULD LIMIT OR INTERFERE WITH YOUR EMPLOYMENT? IF SO PLEASE LIST THEM & BE SPECIFIC: _____

HOBBIES OR INTERESTS: _____

THE B & G MILKYWAY IS OPEN FROM APPROXIMATELY MARCH THROUGH SEPTEMBER. ALL APPLICANTS MUST BE WILLING AND AVAILABLE TO WORK THE ENTIRE SEASON. ARE YOU WILLING TO COMMIT YOURSELF TO WORK THE ENTIRE SEASON? _____
IF NOT, WHY NOT? _____

ON THE BACK OF THIS APPLICATION, BRIEFLY TELL WHY YOU WOULD LIKE TO WORK AT THE B & G MILKYWAY.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

APPLICANT AND PARENT OR GAURDIAN

THIS IS A BUSINESS. WE ARE THE BUSIEST AND WORK THE HARDEST WHEN MOST PEOPLE HAVE TIME OFF. I.E. WEEKENDS, NIGHTS, HOLIDAYS. ALL APPLICANTS MUST BE AVAILABLE TO WORK DURING ALL BUSINESS HOURS. THIS INCLUDES APPROXIMATELY MARCH THROUGH SEPTEMBER AND 9AM -- 11PM. PLEASE HAVE ALL QUESTIONS REGARDING EMPLOYMENT ANSWERED BEFORE ACCEPTING A POSITION.

SIGNATURE OF APPLICANT _____ DATE: _____

PARENT OR GUARDIAN:

DOES THE ABOVE APPLICANT HAVE YOUR PERMISSION TO APPLY AND ACCEPT EMPLOYMENT AT THE B & G MILKYWAY, INCLUDING THE ABOVE HOURS?

SIGNATURE OF PARENT OR GUARDIAN _____ DATE: _____

Please mail application to Jerry Larsen, 401 S. Main St. Tea, SD 57064
or return to Tea City Hall, 600 E. 1st St. Tea, SD 57064.