## Keneke's

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## **Employment Application**

Name:							
Address:							
DOB:			Phone:		E-Mail:		
List your last	(3) Jobs:						
Company Name			Phone Number Supervisor		Name Dates Employed		yed
1							
2				_			
3							
Days/Hours A							
No Pref	Sun	Mon	Tue	Wed	Thu	Fri	Sat
List any limita	ations:						
Desired Posit	tion:						
Driver's License? YE		YES	NO	Willing to Drug Test?		YES	NO
High School Attended:				College Attended:			
Signature:				Date:			