

Lindy's Fried Chicken #5 Employment Application Crawfordville Florida

Name _____

Address _____

Phone _____

Date of Birth _____

Social Security # _____

Education

Graduated _____

High School _____

College _____

Work Experience

Date	Name/Address	Supervisor #	Reason for leaving
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From:

To:

From:

To:

From:

To:

Personal References Name / Phone

Do you have transportation? _____

Have you ever been convicted of a crime? _____ If yes please explain _____

How many hours can you work a week? _____

Operating hours are Monday thru Sunday (Sun – Thurs 10-19) (Fri & Sat 10-10)

By signing this application you are hereby agreeing to abide by the Lindy's #5 rules. If not it is grounds for termination

Signature _____ Date _____