

In Good Spirits LLC

W1909 Main Street
Sullivan, WI 53178
262-593-2111

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DATE _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

How Long at this address _____ Social Security No. _____ - _____ - _____

Cell Phone _____ Home Phone _____

Date of Birth _____ Email _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	NO. OF YRS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Position applied for _____ Date available to start work _____

How many hours can you work weekly? _____ Can you work nights? • YES • NO

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

Notes:

