

Island Gypsy 901 N. Bay Avenue Beach Haven, NJ 08008 609-342-0245

Personal Information				
First Name	Last Name		Today's Date	
Street Address (not summer home)	City	State	Zip Code	
Cell Phone:		Are you 18 or older	r?	
Email:		If no, indicate age:		
Are you authorized to work in the U.S.?	YesNo	Position & Salary	desired	
Are you currently employed?	Irrently employed? If so, may we contact your present employer?			

Education						
Name and Location		# Years	Maj	or Area of Study	Degree/Diploma	
High School			Completed			
College						
Other						
Employment History Please provide the following information for your previous two employers.						
Employer/Compa	any #1	Dates Emp	loyed:		Job Title:	
Address:						
Telephone:				Job Di	ities:	
				300 DI	มแฮอ.	
Reason(s) for lea	ving:					

Employer/Company #2	Dates Employed:	Job Title:	
Address:			
Telephone:		Job Duties:	
Reason for leaving:			

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, past job experiences, etc.)

Availability				
Date you are available to start working:	If you are looking for seasonal employment, what will be your last day available to work?			
How many shifts (# of days and amount of hours in a day) are you looking to work a week?	Are you available to work Memorial Day Weekend? (Friday, May 24th-Monday, May 27th)			
Are you available to work Fourth of July Week/Weekend? (Friday, June 29th-Monday, July 8th) If no, reason why:	End Of Year Sale (Friday, September 27th-Sunday, September 29th)?			
Labor Day (Friday, August 30th-Monday, September 2nd)?	Chowderfest (Saturday, October 5th)?			

Please **circle** your availability to work each day. We are open **10am-11pm** in season. **All employees are required to work Saturday or Sunday.**

Monday: ANY/NONE OR SPECIFY _____

Tuesday: ANY/NONE OR SPECIFY _____

Wednesday: ANY/NONE OR SPECIFY _____

Thursday: ANY/NONE OR SPECIFY _____

Friday: ANY/NONE OR SPECIFY _____

Saturday: ANY/NONE OR SPECIFY _____

Sunday: ANY/NONE OR SPECIFY _____

Do you have any days that you know you cannot work? If so, please list below. (Vacations, family events, etc.)