



Gift Barn Inc
Abigail, Herb & Lauralee
508-255-7000
giftbarncc@gmail.com

Today's Date ____/____/____ Date of Birth ____/____/____

Name _____

Phone Number _____

Email _____

Cape Address

Home Address (If Applicable)

Days per week desired _____ Number of hours desired per day _____

Date you can start ____/____/____

Last day you can work ____/____/____

Obligations (ex. Sports Camp July 7th - 9th, Family Reunion Aug. 1st)

Wage Desired _____

First Job (Please Circle) Yes/No

Position Desired _____

OVER →

Past Employment (If Applicable)

Business Name Phone # Date started & ended Reason for leaving.

How did you hear about the Gift Barn?

Why do you think you would be a good fit working at the Gift Barn?

What are some skills that you maintain that would be useful at the Gift Barn? _____

Fill out ONLY if hired -

Social Security Number _____ - _____ - _____

Emergency Contacts

Name	Relationship	Phone Number
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Additional Notes -
