

Lucki Clover Manasquan Application

Please Make A Copy of This Document by clicking **FILE** in the Top Left Hand Corner, then scroll down to **MAKE A COPY**. Share your completed application with luckiclover2@gmail.com or drop off a printed copy at our Manasquan location. 136 Main St. Manasquan, NJ 08736

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? If no, please indicate age?		
Email:				
Are you authorized to work in the U. S.? ____ Yes ____ No			Position Desired	
Are you currently employed?		If so, may we contact your present employer?		

Education				
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Other				

Employment History		
Please provide the following information for your previous two employers.		
Employer/Company #1	Dates Employed:	Job Title:
Address:		
Telephone:	Job Duties:	
Reason(s) for leaving:		

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? If no, reason why:
Are you available to work Fourth of July Week/Weekend? If no, reason why:	Are you available to work Labor Day weekend? If no, reason why?
Are any days that you know you cannot work? If so, list below (Vacations, family events, etc)	

Please **circle** your availability to work each day.
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 _____

DROP OFF APPLICATION TO MANASQUAN LOCATION OR EMAIL IT TO
If Emailing Please Make a Copy of this document and send it to
luckiclover2@gmail.com