



Pop-Up Snack Shop Application

APPLICANT INFORMATION

Name: _____
Nickname: _____
Address: _____
City: _____
State: _____ Zip: _____
Date of Birth: _____
Home Phone: (____) _____ Cell Phone (____) _____
E-mail: _____
Gender: _____

EDUCATIONAL INFO

Highest level of school completed:
 High School - Name of School: _____
 College /beyond - Name of School: _____

EXPERIENCE (EMPLOYMENT OR VOLUNTEER)

Are you currently employed? [] Y or [] N

Are you currently Volunteering? [] Y or [] N

If employed or volunteering, may we contact your current Supervisor? [] Y or [] N

Current Business Name/Volunteer Site: _____
Name of Supervisor: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Length of Service (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____

Previous Positions:

Include information for each employer/position for the past two years. Please use extra paper if needed.

Business Name/Volunteer Site: _____

Employment Volunteer

Name of Supervisor: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Length of Service (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this person for reference? ___ Yes ___ No

Business Name/Volunteer Site: _____

Employment Volunteer

Name of Supervisor: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Length of Service (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this person for reference? ___ Yes ___ No

SKILLS AND QUALIFICATIONS:

What are your work skills?

HOBBIES AND INTERESTS:

What do you like to do for fun?

EMERGENCY CONTACT INFORMATION

Name:

Address:

City: _____

State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone (____) _____

E-mail: _____

AVAILABILITY TO WORK

When are you available to work in the Pop-Up Snack Shop?

Monday - Morning ___ Afternoon ___ Tuesday - Morning ___ Afternoon ___

Wednesday - Morning ___ Afternoon ___ Thursday - Morning ___ Afternoon ___

Friday - Morning ___ Afternoon ___

Applicant Signature

Date

Submit to: Down Syndrome Association of Greater St. Louis
8531 Page Avenue, Suite 120; St. Louis, MO 63114
Fax: 314.989.1579 Email: info@dsagsl.org