

WORK AVAILABILITY

Name		S	tore
Date your school semester b	egins	Date semester ends	
School you will be attending	g?		
(If out of town, when will ye	ou be leaving?)		
How many hours would you	u like to work per week?		
Minimum hours I wish per week:		Maximum hours per week:	
Are you available to work a	t other stores in the region	on? □Yes □	No
Any transportation problems	s? □Yes □ No If y	es, please exp	plain:
Time you can start wo	YOUR AVAI	able on a give	Y en day, please state reason why) TIME I CAN START WORK
MONDAYS			
TUESDAYS			
WEDNESDAYS			
THURSDAYS			
FRIDAYS			
SATURDAYS			
SUNDAYS			
	*You may be asked to sa	ubmit a class	trascript
Any upcoming time off you	will need during this time	e:	
Any comments regarding so	chedules?		
Signature			

PLEASE BE REMINDED OUR BUSY SEASON IS APRIL 15 – JUNE 15