



NEED A GIG?

	Last Name		First Name		Middle Initial		Today's Date		
	Street Address						Apartment/Box/Etc.		
	City		State/Province				Zip Code		Country
	Primary Telephone Number				Email Address				

PERSONAL INFORMATION

Are you 16 years or older?			IF NO	Can you provide a work permit?			Do you have reliable transportation?		
YES	or	NO	→	YES	or	NO	YES	or	NO
Work preference (Full Time, Part Time)				Shift Preference (Days, Nights)			Willing to work a changing schedule?		
							YES	or	NO
Select which days of the week you are available to work (circle all that apply).									
MON	TUE	WED	THU	FRI	SAT	SUN	HOLIDAYS		

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