

BMP Concession Stand Application

NOTE: You will not be permitted to start work until you have completed and submitted the Tax Forms. To ensure no delay in your start date, submit this application and all tax forms to:

**BMP – Concession Stand
P.O. Box 103
Wexford, PA 15090**

PERSONAL INFORMATION

Name	Email Address
Home Address	Home Phone / Cell Phone

DESIRED POSITION

Title	Start Date
Currently Employed?	May we Contact Your Employer?

EDUCATIONAL BACKGROUND

School	Current Grade	Age
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EMPLOYMENT HISTORY

Employer	Dates	Position Held

REFERENCES (if your immediate family has not been involved in BMP, please provide a BMP family to 'sponsor' you below):

Name	Phone Number	Relationship / Years Known

*I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application are grounds for dismissal.

DATE: _____ SIGNATURE: _____

AVAILABILITY: How many hours per week do you prefer to work?

Monday 5:30-9	Friday 5:30-9	Saturday 6:00-9
Tuesday 5:30-9	Saturday 9:00-12	Sunday 12:00-3
Wednesday 5:30-9	Saturday 12:00-3	Saturday 3:00-6
Thursday 5:30-9	Saturday 3:00-6	

VACATION DATES (BETWEEN APRIL 1st AND OCTOBER 31st)