

**I Can Do That! Performing Arts Center
Barista/Receptionist Application**

Name: _____

Address: _____

Phone number: _____

Email address: _____

Are you over 18? Yes No

If under 18 will you be able to obtain a work permit through your school or otherwise? Yes No

Available start date: _____

School-Year Hours

How many hours per week would you like to work? 4-6 hours 7-14 hours 15-30 hours (other)

Fill in your availability per day:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From (Time)							
To (Time)							

Summer Hours

How many hours per week would you like to work? 4-6 hours 7-14 hours 15-30 hours (other)

Fill in your availability per day:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From (Time)							
To (Time)							

Employment History

(1) Name of company: _____

Position and duties: _____

Dates of employment: _____

(2) Name of company: _____

Position and duties: _____

Dates of employment: _____

Do you have work experience as a barista or in a cafe?

What qualities do you have that make you suitable for this position?

Why do you think customer service service is so important to ICDDT?
