Employee	Initials:
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GOL SB1 CVR LOS SOL SYZ

PANINO Application

Name:				Date of Application:			
Please there:	write down	your last 2 o	or 3 jobs, your	employers	and the desc	ription of you	r duties
What v	was your rea	son for leavi	ng your last j	ob?:			
Do you	ı have a curr	rent CA Food	d Handlers Ce	ertificate?: \	Yes N	0	
What d	lays/times aı	re you availa	able to work?:	(Panino is	open 10am -	4/5pm)	
M	T	W	TH	F	SA	S	
Do you	ı have any tı	rips planned	in the next 3	months? If	yes, when ar	nd for how lon	g?:
Are yo	u currently i	n school? If	f so where?:				
What i	s the best wa	ay to contact	you?:				
Ph#			Email				