

Date mailed _____

Date received _____

Referred by _____

ARROWHEAD DAY CAMP

240 Dutton Mill Road
West Chester, PA 19380-6601
(610) 644-1435

KITCHEN APPLICATION

(Print or type)

Last Name First Name

Address

City State Zip

Home Phone Cell Phone

Date of Birth Sex Marital Status (Optional)

PAST FOOD SERVICE EXPERIENCE

Do you currently work for a school district cafeteria? _____ yes _____ no

If yes, which district? _____

Which School? _____

Do you currently hold a food handler's license? _____

Expiration date of license _____ County _____

Please give the names of 2 references and phone numbers. Strong preference is for former employers.

Name Position Phone number

*Please know that the camp is 8 weeks in length - Monday 6/26 thru Fri. 8/18
(off on 7/4) - for a 39 day season - hours are from 8:30 AM - 2:30 PM!*

Signature _____

