

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 6/17 thru Fri. 8/9  
(off on 7/4) - for a 39 day season - hours are from 8:30 AM - 2:30 PM!*

\_\_\_\_\_  
*Signature*

