

Tele: 913-322-8888
Fax: 913-322-3333

6010 Niernan Road
Shawne, KS 66203

SUSHI MIDO

Applicant Information

Name: _____ Date of Birth: _____ Address: _____
Phone: _____ Email Address: _____
Position applying for: Part-time or Fulltime: _____

Availability

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Lunch	Closed						
Dinner	Closed						

Start Date: _____ Desired Salary: _____

Past Employers:

Name	Address	Number

Reference:

Name	Relation	Number