

SWEET MISS GIVING'S

Internship Application Questions:

Personal Information:

Date: _____

First Name: _____ Last Name: _____ M.I. _____

Current Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Career Specialist: _____

Are you available in August to start the six week Sweet Miss Giving's training?

Yes No

During the 6 month Internship are you available? Full time _____ Part time _____

What shifts are you available for? Please Circle All That Apply

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM
Overnight	Overnight	Overnight	Overnight	Overnight	Overnight

Do you have a Open availability schedule? Yes No

WARNING: STAFF MAY BE REQUIRED TO WORK OCCASIONAL SUNDAYS

If no, what are your availability restrictions?

What areas of the bakery are you interested in? **Check one or all that apply**

Bakery Prep _____ Packaging/Assembly _____ Delivery _____

Customer Service _____ Retail _____

Why does an internship at Sweet Miss Giving's interest you?

Do you have prior Food Service experience? Yes _____ No _____

If yes, please describe

Do you have any safety and sanitation training? Yes _____ No _____

Do you have prior Customer Service or Delivery experience? Yes _____ No _____

If yes, please describe:

Do you feel comfortable working in a high pressure environment? Yes _____ No _____

Do you feel comfortable working in a physical labor environment? Yes _____ No _____

How would you describe your computer skills?

None _____ Basic _____ Intermediate _____ Advanced _____

Have you ever worked with any foodservice software? Yes _____ No _____

If Yes, Which ones?

MICROS _____ Aloha _____ NCR _____ Other _____

Please explain any other training or experience you have that would be relevant to the internship you are seeking

**Please read the following statement and sign the application and return it to your Career Specialist. Thank you for your interest in the Sweet Miss Giving's Internship

I certify that all information and statements which I have set forth in this application are true and correct to the best of my knowledge. I further understand that I will have to follow the personnel policies and rules of the Internship placement agency.

(Participant)

Signature: _____ Date: _____

(Career Specialist)

Signature: _____ Date: _____