Application for Employment

	Name:	
	Phone Number:	
Sunday:	Please List All Times You Are Available for Each Day of the Week:	
Monday:		
Tuesday:		
Wednesday:		
Please List Any Times You	Will Be Asking Off for More Than 1 Day in a Row in the Next 6 Months:	
Why Do You Want to Wo	rk with K Town Vapor Lounge?	
Describe Your Sales Expe	rience.	