## THE HOUSE OF HUMOR

www.thehouseofhumor.com					Date:	Date:	
47 El Camino Real, Red <b>650) 368 - 5524</b>	dwood City, CA 940	63			Received By:		
030) 300 3324					(Admin. Purposes Only)		
						Informatio	
Name:			Primary Phone:		Circle one:	cell / home	
(last, first)							
Email:			Alternate Phone:		Circle one:	cell/home	
Address:							
(street)							
Address:							
(city, state, zip)							
Are you 18 years of	age or older? Ye	es No	If no, write your	date of birth:			
Why do you want to	work at the Hous	se of Humor?					
, ,							
						Availabili	
						Availabilit	
Desired Start Date:							
Desired Start Date:							
Please write your av	ailability in the t	able below:					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
rom:							
To:							
Please list any dates	s between potenti	ial start date and	October 31, 2022	that you are unab	le to work (vaca	tions,	
commitments, etc.)							

Please indicate highest level of education completed, and/or program in which you are currently enrolled.

Associates Degree:

Post-Baccalaureate Degree:

High School:

Bachelor's Degree:

**Education** 

## THE HOUSE OF HUMOR

	Employment History
Please list your three previous employers, volunteer	
Company:	
Supervisor:	Phone:
Dates Participated:	
Reason for Leaving:	
Company:	
Supervisor:	Phone:
Dates Participated:	
Reason for Leaving:	
Company:	
Supervisor:	Phone:
Dates Participated:	
Reason for Leaving:	
Have you ever been fired? Yes No	
If yes, please explain:	
	Sworn Declaration
By applying for this position, I agree to be availa busiest season of the year).	ble to work the last two weeks of October 2022 (our
Signature	Date
	ation provided on this application is complete and
accurate.	

Date

Signature