

**Work Authorization
Sno Top Ice Cream
315 Fayette St.
Manlius, NY 13104**

I give my permission for my (son, daughter)_____ to work after 10:00 p.m.
on school nights (i.e. Sunday thru Thursday) for Sno Top Ice Cream Manlius, NY

Parent/Guardian_____ (Print)

Signature_____ Date_____

Hours may vary during the early part of the season. School age employees are not scheduled to work two school nights in a row.

In accordance with the New York State Department of Education, Parental permission is required for students under the age of 18 years. Please submit this form with your application if applicable.