



Employment Application

Date

Personal Information

Name (Last, First)		Are you legally allowed to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Address		City	State
Permanent Address		City	State
Home Phone	Cell Phone	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Email Address			

Desired Employment

Position	Start Date	Salary Desired					
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Hours Available							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							
Duties unwilling to perform							

Education

School	Name and Location of School	Dates: From/To	Graduated
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No

References

Name	Address	Telephone	Relationship

Employment History

List below 3 employers starting with the most recent one

Name of Employer		Reason for leaving		
Address		City	State	Zip
Starting Date	Leaving Date	Weekly Starting Salary		Weekly Ending Salary
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor	Title	Phone Number
Job title and description of duties/responsibilities				

Name of Employer		Reason for leaving		
Address		City	State	Zip
Starting Date	Leaving Date	Weekly Starting Salary		Weekly Ending Salary
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor	Title	Phone Number
Job title and description of duties/responsibilities				

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May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor	Title	Phone Number
Job title and description of duties/responsibilities				

Certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giarda, E. coli and campylobacteria may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? Yes No

If yes, explain.

1) I certify that I have read and fully completed both pages of this application and that the information contained on this application is correct to the best of my knowledge.

2) If this application and interview leads to employment, I understand that any erroneous or misleading information in this application or interview is grounds for dismissal.

3) I authorize the references listed in this application to provide any information concerning previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damages that may result from furnishing this information.

Signature _____ Date _____

Please email this application to
info@icecreamandshop.com