

SCOOPER APPLICATION

Picc's Ice Cream Company

938 Moosic Road, Old Forge, Pa 18518

Applicant's Name _____

Address _____ City, State, Zip _____

Date of Birth _____ Phone (____) _____ Referred by: _____

Ideally, how many hours per week would you want to work? _____ Available date: _____

For Scheduling Purposes:

<ul style="list-style-type: none"> • <u>Available/preferred days, please circle all that apply:</u> 						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<ul style="list-style-type: none"> • <u>Available/preferred nights, please circle all that apply:</u> 						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<ul style="list-style-type: none"> • <u>Days you would not be able to work, please circle:</u> 						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If we don't have an opening for a regularly scheduled shift, would you be interested in coming in to train, and then being on our "on call list"? Yes _____ No _____

Have you ever worked at an Ice Cream facility? __Yes__ No. If yes, where? _____

As a food handler, is there any information we should know that would affect your ability to work at Picc's Ice Cream Co in a positive or negative way: _____

Emergency contact: Name _____

Relationship: _____ Phone: (____) _____

NOTE: If you are a minor under the age of 18, please provide signature of consenting parent or guardian:

X _____ please print name here: _____

SIGNATURE OF APPLICANT x _____ **Date:** _____

With the placement of signatures above, I certify that the information provided on this application is true and correct.

All information listed in this application is strictly confidential. Please return this application in a **sealed envelope to the attention of: **MICHELE PICCOLINI**. You may contact Michele via email at: Michele1798@gmail.com with questions.

