



Ice Cream Server/Cashier Employment Application

Applicant Information

Full Name: Last First M.I. DoB:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Were you referred by someone? If so, whom:

Education

High School: College:

From: To: Did you graduate? YES NO

Previous Employment

Company: Phone:

Job Title:

From: To: Reason for Leaving:

Please mark "X" in the box if you do not have any work history:
If you have additional work history, please attach a separate sheet.

Work Availability

Please mark "X" to indicate your availability.

Table with 8 columns (Day, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday) and 2 rows (Day*, Night*)

* Day shift varies anytime between 12:00 PM - 4:00 PM
** Night shift varies anytime between 4:00 PM - 11:00 PM

Roughly, how many hours per week are you available to work?

When are you available to start employment?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date: