

The *Original* FROZEN CUSTARD

~~-2024-~~ APPLICATION FOR EMPLOYMENT ~~-2024-~~

Date: _____

Instructions to Applicant: Please understand: Every item on this form must be answered to the best of your ability. Please print legible. Your qualifications will be carefully reviewed, and you will be given thorough consideration for any suitable vacancies. If you are employed, this will become part of your permanent personnel record. No questions is asked for the purpose of excluding any applicant due to protected class status, or any other class of individuals protected by law. If you require any assistance to complete this application, please let us know. This is an **independently owned and operated** location.

PERSONAL INFORMATION

Last name		First Name		Middle Name	
Address: Street		City	State	Zip	Phone #
Email Address			Are you legally allowed to work in the United States? Yes: No:		
Are You 18 or Older? Yes: No:		If No, Birth Date: / /			

EDUCATION

High School (Name and Address) _____	
Did you graduate? Yes: No:	If no, last grade completed _____ Grade Average _____
College (Name and Address) _____	
Did you graduate? Yes: No:	If no, numbers of hours completed _____ Grade Average _____
Degree _____ Major _____	Minor _____ Date you expect to graduate _____

GENERAL EMPLOYMENT INFORMATION

Do you have a reliable method of transportation? Yes: No:	
Type of employment sought: Full time: Part time: Temporary: Summer:	
Date Available: _____	Salary Acceptable _____ per hour _____ per week _____ Total Hours Available per Week _____
The Original Frozen Custard is a seasonal business that opens March 1 st and closing October 31 st . You are expected to be available on weekends and holidays for the entire 8 months of operation. Are you willing to work when needed? Yes: No:	
Days: Yes: No: Evenings: Yes: No: Weekends: Yes: No: Holidays: Yes: No:	
Indicate the hours you are available to work on the following days or check anytime, if applicable.	
Mon. _____ to _____ Any _____	Tues. _____ to _____ Any _____ Wed. _____ to _____ Any _____ Thurs. _____ to _____ Any _____
Fri. _____ to _____ Any _____	Sat. _____ to _____ Any _____ Sun. _____ to _____ Any _____
List any relatives presently employed with this company. _____	
In case of emergency, notify _____ Phone. _____	
Have you ever been convicted of a crime other than minor traffic violations? Yes: No: If yes please explain the offense and the final disposition. _____	

EXPERIENCE

List Below all present and past employment, beginning with your most recent employer.

1. Employer _____	Starting Salary _____ per	Hour:	Week:	Year:
Dates Employed _____ to _____	Last Salary _____ per	Hour:	Week:	Year:
Address _____	Supervisor _____			
Reason for leaving _____				
For Job Reference, call _____	Telephone # (____) _____			
May we contact this employer? Yes: No:				
2. Employer _____	Starting Salary _____ per	Hour:	Week:	Year:
Dates Employed _____ to _____	Last Salary _____ per	Hour:	Week:	Year:
Address _____	Supervisor _____			
Reason for leaving _____				
For Job Reference, call _____	Telephone # (____) _____			
May we contact this employer? Yes: No:				

List any additional activities or community service programs in which you participate that may be relevant to your candidacy:

I affirm that all the information I have provided in this application is true to the best of my knowledge.

Signature: _____ **Date:** ____/____/____

If under the age of 18 please have a parent or guardian sign as well.

Signature: _____ **Date:** ____/____/____