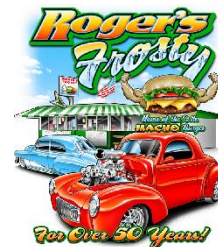


# ROGER'S FROSTY

## Employment Application



| APPLICANT INFORMATION                             |  |                              |                             |  |                              |                             |                              |                             |      |  |
|---|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|------------------------------|-----------------------------|------|--|
| Last Name   |  |                              |                             | First  |                              |                             |                              | M.I.                        | Date |  |
| Street Address                                    |  |                              |                             |  |                              |                             | Apartment/Unit #             |                             |      |  |
| City  |  |                              |                             | State  |                              |                             |                              | ZIP                         |      |  |
| Phone   |  |                              |                             | E-mail Address                                 |                              |                             |                              |                             |      |  |
| Position Applied For                              |  |                              |                             |  |                              |                             | Date Available               |                             |      |  |
|   |  |                              |                             |  |                              |                             |                              |                             |      |  |
| Are you a citizen of the United States?           |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                              |                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |      |  |
| Have you ever worked for this company?            |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |                              |                             |      |  |
| Have you ever been convicted of a felony?         |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |                              |                             |      |  |
|   |  |                              |                             |  |                              |                             |                              |                             |      |  |
| EDUCATION   |  |                              |                             |  |                              |                             |                              |                             |      |  |
| High School                                       |  |                              |                             |  | Address                      |                             |                              |                             |      |  |
| From  |  | To                           |                             | Did you graduate?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree                       |                             |      |  |
| College   |  |                              |                             |  | Address                      |                             |                              |                             |      |  |
| From  |  | To                           |                             | Did you graduate?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree                       |                             |      |  |
| Other   |  |                              |                             |  | Address                      |                             |                              |                             |      |  |
| From  |  | To                           |                             | Did you graduate?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree                       |                             |      |  |
|   |  |                              |                             |  |                              |                             |                              |                             |      |  |
| REFERENCES  |  |                              |                             |  |                              |                             |                              |                             |      |  |
| <i>Please list three professional references.</i> |  |                              |                             |  |                              |                             |                              |                             |      |  |
| Full Name   |  |                              |                             |  | Relationship                 |                             |                              |                             |      |  |
| Company   |  |                              |                             |  | Phone                        |                             |                              |                             |      |  |
| Address   |  |                              |                             |  |                              |                             |                              |                             |      |  |
| Full Name   |  |                              |                             |  | Relationship                 |                             |                              |                             |      |  |
| Company   |  |                              |                             |  | Phone                        |                             |                              |                             |      |  |
| Address   |  |                              |                             |  |                              |                             |                              |                             |      |  |
| Full Name   |  |                              |                             |  | Relationship                 |                             |                              |                             |      |  |
| Company   |  |                              |                             |  | Phone                        |                             |                              |                             |      |  |
| Address   |  |                              |                             |  |                              |                             |                              |                             |      |  |

| PREVIOUS EMPLOYMENT                                      |  |    |  |                              |  |                             |  |                  |  |
|--|--|----|--|------------------------------|--|-----------------------------|--|------------------|--|
| Company  |  |    |  |                              |  | Phone                       |  |                  |  |
| Address  |  |    |  |                              |  | Supervisor                  |  |                  |  |
| Job Title  |  |    |  | Starting Salary              |  | \$                          |  | Ending Salary \$ |  |
| Responsibilities   |  |    |  |                              |  |                             |  |                  |  |
| From   |  | To |  | Reason for Leaving           |  |                             |  |                  |  |
| May we contact your previous supervisor for a reference? |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                  |  |
| Company  |  |    |  |                              |  | Phone                       |  |                  |  |
| Address  |  |    |  |                              |  | Supervisor                  |  |                  |  |
| Job Title  |  |    |  | Starting Salary              |  | \$                          |  | Ending Salary \$ |  |
| Responsibilities   |  |    |  |                              |  |                             |  |                  |  |
| From   |  | To |  | Reason for Leaving           |  |                             |  |                  |  |
| May we contact your previous supervisor for a reference? |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                  |  |
| Company  |  |    |  |                              |  | Phone                       |  |                  |  |
| Address  |  |    |  |                              |  | Supervisor                  |  |                  |  |
| Job Title  |  |    |  | Starting Salary              |  | \$                          |  | Ending Salary \$ |  |
| Responsibilities   |  |    |  |                              |  |                             |  |                  |  |
| From   |  | To |  | Reason for Leaving           |  |                             |  |                  |  |
| May we contact your previous supervisor for a reference? |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                  |  |

| DISCLAIMER AND SIGNATURE   |      |
|--|------|
| <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>Roger's Frosty is an "at-will" employer and all employment is treated as such.</p> |      |
| Signature  | Date |