

# HORICON ICE CREAM STATION EMPLOYMENT APPLICATION

<b>DATE OF APPLICATION</b>		<b>drivers license</b>					
Last Name			First Name			Middle Initial	
Mailing Address			City				
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address		
Social Security Number ( <b>required</b> )		Date of Birth	Month	Date	Year	Female <input type="checkbox"/> Male <input type="checkbox"/>	
PARENT OR GUARDIAN (IF UNDER 18 YRS)			PHONE				
HOW DID YOU LEARN ABOUT OUR COMPANY?							
DESIRED PAY RANGE							
AVAILABLE START DATE							
<b>References</b>							
Name / years known			Address / Telephone Number				
Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the position sought. ►							
<b>EDUCATION</b>							
GRADE SCHOOL		HIGH SCHOOL			COLLEGE OR TECH SCHOOL		

**EMPLOYMENT HISTORY**

May we contact your present employer? YES  NO  Comment:

<b>1</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held				
Describe job responsibilities in order of importance:				

<b>2</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held				
Describe job responsibilities in order of importance:				

<b>3</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held				
Describe job responsibilities in order of importance:				

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date