



PLEASE FOLLOW DIRECTIONS AND COMPLETE ALL INFO
STEP 1 – PRINT OUT AND COMPLETE APPLICATION.
STEP 2 – BRING COMPLETED APPLICATION TO MR. TOM:
TEXT HIM TO ARRANGE A TIME TO MEET AT (615) 512-3826

APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (ZIP)

Email address: _____

Phone No.: (_____) _____ -- _____

Social Security No.: _____ -- _____ -- _____

Are you a U.S. Citizen? Yes No

If not, are you legally authorized to work in the U.S.? Yes No

Person to be contacted in case of emergency: _____

Phone: (_____) _____ -- _____ Relationship: _____

How did you learn of this job /Referred by: _____

Are you over eighteen years of age? Yes No - If not, what is your age? _____

If under 18, are your parents aware that you're applying for this job? Yes No

Note: background checks will be run on applicants over 18.

Your availability

Ideally how many hours per week do you want to work during **school**?

Less than 10
10-20
20+

Ideally how many hours per week do you want to work during the **summer**?

Less than 10
10-20
20+

What is the earliest date you can start work? _____

If you're hired, do you have a date after which you wouldn't be able to work anymore? If so, what is that date? _____

Check the box(es) if you are UNAVAILABLE to work as of start date:

	Tues	Wed	Thurs	Fri	Sat	
10:30am to 3:40 pm	<input type="checkbox"/>	Memorial Day Weekend <input type="checkbox"/>				
3:30pm to 6:30 pm	<input type="checkbox"/>	Independence Day Wknd <input type="checkbox"/>				
6:30pm to Closing*	<input type="checkbox"/>	Thanksgiving Weekend <input type="checkbox"/>				
						School Break/Other <input type="checkbox"/> (note below)

*Closing time is 9pm Tues-Sat. Closing duties take 15-20 minutes after closing.

Are there any other days/weeks when you wouldn't be able to work? Yes No
If yes, when? (Planned family vacations, etc.)

Employment History

Are you currently employed? Yes No

If yes, may we contact your current supervisor? Yes No

Please provide your previous employment information, beginning with the most recent (current) – If none, provide two personal references & phone numbers:

Employer name	Dates of employment	Supervisor's name and phone number	Starting and ending pay rate

Describe any groups you are a member of (sports, activities, church, social, etc.):

What is your most recent school year's GPA? _____

Any other information we should know that would affect your ability to perform your job responsibilities?

Our Requirements

Our associates are expected to be available for shifts during those peak demand times when our customers want ice cream. This means you will need to be able to work after 6:30 PM and on Friday and Saturday nights! You are responsible to work your assigned schedule or find a replacement.

Working in an ice cream shop looks like fun from the outside, but it's a lot of hard work. The customers can be demanding and you will have to work when other people are out having fun. The job can be very rewarding but you have to be willing to pick up trash and clean utensils, bathrooms, floors, etc. We do not allow and for food safety reasons, we do not permit earrings, jewelry (except wedding band), fingernail polish, nose & eyebrow piercing or visible tattoos.

Use the space below to tell us why you think you will like this job in a few sentences. (If you don't write anything - we won't consider your application.)

I've read and understand these requirements, and I promise that I can meet these job commitments.
I further certify that this application is accurate to the best of my knowledge.

SIGNATURE. _____ DATE: _____

Katie's Ice Cream hires only U.S. Citizens and other lawfully authorized workers. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or any disability.