

Sweet Spoon Creamery is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, gender, gender identity, national origin, age, marital and/or veteran status, the presence of a non-job-related medical condition and/or handicap, or any other legally protected status.

Position Applied For: Rollista Barista Cashier Manager				Date:					
How Did You Hear About Us?  Facebook  Instagram  Store Walk-In  Dother:									
SECTION A: I	SECTION A: PERSONAL INFORMATION								
Last Name:			First Nam	ne:		Middle N	lame:		
Current Address (Street, City, State, Zip Code):									
Email Addre	ess:		Cell Phor	ie:		Home Ph	none:		
At least 18 y	ears of age	?	If you are	If you are under 18 years old, can you provide required proof of your					
☐ Yes ☐ No			eligibility	eligibility to work?					
Have you ev	er applied b	efore?	Have you	Have you ever worked for us?			If yes to any, give date:		
☐ Yes		lo		'es 🗌	No				
Are you currently employed?			May we d	May we contact current employer?			Date available to work:		
☐ Yes		lo		'es 🗌	No				
Are you legally authorized to be employed in the United States?  Yes  No									
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.									
AVAILABILITY:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Week Hrs:	
From									



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#### SECTION B: EMPLOYMENT INFORMATION (PLEASE START WITH MOST RECENT FIRST)

Job Title:	Start Date:	End Date: Check if still employed
Company Name:	Supervisor's Name:	Phone Number:
Address: (Street, City, State,	ZIP Code)	
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this Employed  Job Title:	Yes No Start Date:	End Date: Check if still employed
Company Name:	Supervisor's Name:	Phone Number:
Address: (Street, City, State,	ZIP Code)	1
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this Employe	er? Yes No	I



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### SECTION B: EMPLOYMENT INFORMATION (Continued)

Job Title:	Start Date:	End Date: Check if still employed			
Company Name:	Supervisor's Name:	Phone Number:			
Address: (Street, City, State,	ZIP Code)				
Duties:					
Reason for Leaving:	Starting Salary:	Ending Salary:			
May we contact this Employe	r? Yes No				
Job Title:	Start Date:	End Date: Check if still employed			
Company Name:	Supervisor's Name:	Phone Number:			
Address: (Street, City, State,	ZIP Code)				
Duties:					
Reason for Leaving:	Starting Salary:	Ending Salary:			
May we contact this Employe	r?				



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#### **SECTION C: REFERENCES (PLEASE LIST 3 REFERENCES)**

First Reference Name:	Relationship:	Length Known:		
Email:	Phone:	Title:		
Second Reference Name:	Relationship:	Length Known:		
Email:	Phone:	Title:		
Third Reference Name:	Relationship:	Length Known:		
Email:	Phone:	Title:		
SECTION D: EDUCATION/QUALIF	ICATIONS/SKILLS			
School/Agency Name:	Degree/Certificate:	Date:		
School/Agency Name:	Degree/Certificate:	Date:		
School/Agency Name:	Degree/Certificate:	Date:		
Skills:				



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#### **SECTION E: SUPPLEMENTAL QUESTIONS**

-				
Have you been convicted of a felony?	(Convictions will not necessarily disqualify an applicant for	or employment)	Yes	☐ No
If so, explain:				
Do you understand the functions/tasks of the job you are applying for?				□No
(Been told or viewed a detailed summary of the job descript	ion)			
Are you able to perform all of the esse	ential functions of the job?		Yes	No
If not, explain:				
Do you require reasonable accommod	dation to perform any functions of th	ne job?	Yes	☐ No
If so, explain:				
Available Start Date:	Desired Pay:		a Veteran?	
		☐ Yes	s 🗆 N	lo
result in my dismissal. I authorize the E application and release the Employer for a common and understand (regular, temporary, or other type of conterminate the employment relationship without cause, and with or without not	rom any liability. The employer may that the company is an "at will" empategory employee) may resign at any or any offer or acceptance of empl	contact my loyer. Ther time, just	references. efore, any er as the emplo	mployee oyer may
I authorize any person, organiza information concerning my previous er authorize you to request and receive so			-	=
In consideration for my employ which rules may be changed, withdraw without prior notice to me.	ment, I agree to abide by the rules a n, added or interpreted at any time,	_		-
Printed Name:	Signature:		Date:	