

JDA Cupcakes, LLC DBA Ms. Bee's Cupcakes & Ice Cream is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, martial status, national origin, disability or handicap, veteran status, or any other status protected under local, state or federal laws.

INSTRUCTIONS: Use ink and print or type a	all names and addresse	s. Application must be co	ompleted in full even if attaching a resume.		
POSITION(S) APPLIED FOR:	DATE OF APPLICATION				
LAST NAME	FIRS	ST NAME	MIDDLE NAME		
PRESENT ADDRESS	CITY COL	INTY STA	TE ZIP CODE		
HOW LONG	CITI	JINI SIA	TE ZIF GODE		
PREVIOUS ADDRESS	CITY COL	INTY STA	TE ZIP CODE		
HOW LONG					
SOCIAL SECURITY NUMBER HO	ME TELEPHONE NUMB	ER CELL T	ELEPHONE NUMBER E-MAIL		
ARE YOU AT LEAST 18 YEARS OF AGE?			☐ YES ☐ NO		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMEN	T IN THE LINITED STATE	s?	YES NO		
(IF OFFERED EMPLOYMENT, YOU WILL BE REC			_		
HOW DID YOU LEARN ABOUT THE COMPANY?					
ADVERTISEMENT		OTHER			
FA	CEBOOK/INSTAGRAM				
HAVE YOU EVER APPLIED FOR EMPLOYMENT V	/ITH ANY MS. BEE'S CU	IPCAKES & ICE CREAM LO	OCATION?		
IF YES, WHEN?					
DO VOLLIANTE A FAMILIN MEMBER OR DELATIVE	WILLO MODICO FOD MO	Dee'o Cupoakeo 9 loe	CDEAN2		
DO YOU HAVE A FAMILY MEMBER OR RELATIVE GIVE DETAILS	WHO WORKS FOR IVIS.	DEE S CUPCARES & ICE	CREAM? YES NO IF YES,		
GIVE DETAILS					
REFERENCES: Give name, address, and	telephone number of	three business referer	nces who are not related to you		
NAME	•	RESS	TELEPHONE NUMBER		
TV WIL	7.01	TREGO	TEEL HONE NOMBER		
1					
2					
3					
9					

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EDUCATION

High School:						
	NUMBER OF YEARS					_
DATE		DIPLOMA: YES NO	Date:	GED:	YES	NO
DATE:						
	SCHOOL NAME AND	Annress.				
	OUTOOL NAME AND	ADDITESS.				
VOCATIONAL OR TR	ADE SCHOOL:	NUMBER OF YEARS COMPLETED):		_	
		Course:	IFD:			
		DEGREE OR CERTIFICATE EARN	IED:		DATE:	
	SCHOOL NAME AND	ADDDECC:				
	SCHOOL NAME AND	ADDRESS.				
COLLEGE:	NUMBER OF YEARS	COMPLETED:				
			Date:			
	SCHOOL NAME AND	ADDRESS:				
GRADUATE SCHOOL	DEGREE	S FARNED.	Date	<u>.</u>		
GRADUATE SCHOOL	L: DEGREE	S EARNED:	Date	E:		
GRADUATE SCHOOL	L: DEGREE SCHOOL NAME AND	S EARNED:	Date	E:		
GRADUATE SCHOOL		S EARNED:	Date	E:		
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GRADUATE SCHOOL		S EARNED:	Date	E:		
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EMPLOYMENT INFORMATION — LIST MOST RECENT EMPLOYMENT FIRST, WE MAY CONTACT ANY OF YOUR PREVIOUS EMPLOYERS.

MAY WE CONTACT YOUR	CURRENT EMPLOYER?	☐ YES ☐ NO	
DATES OF EMPLOYMENT	CURRENT EMPLOYER NAME	CITY AND STATE	TELEPHONE NUMBER
POSITION HELD			CURRENT HOURLY PAY
DESCRIPTION OF DUTIES			OTHER COMPENSATION
NAME OF SUPERVISOR	REASON FOR LEAVING		
DATES OF EMPLOYMENT	PREVIOUS EMPLOYER NAME	CITY AND STATE	TELEPHONE NUMBER
POSITION HELD		1	ENDING HOURLY PAY
DESCRIPTION OF DUTIES			OTHER COMPENSATION
NAME OF SUPERVISOR	REASON FOR LEAVING		
DATES OF	PREVIOUS EMPLOYER NAME	CITY AND STATE	TELEPHONE NUMBER
EMPLOYMENT			
EMPLOYMENT POSITION HELD			ENDING HOURLY PAY
			ENDING HOURLY PAY OTHER COMPENSATION
POSITION HELD			
POSITION HELD	REASON FOR LEAVING		
POSITION HELD DESCRIPTION OF DUTIES NAME OF SUPERVISOR DATES OF		CITY AND STATE	
POSITION HELD DESCRIPTION OF DUTIES NAME OF SUPERVISOR	REASON FOR LEAVING	CITY AND STATE	OTHER COMPENSATION
POSITION HELD DESCRIPTION OF DUTIES NAME OF SUPERVISOR DATES OF EMPLOYMENT	REASON FOR LEAVING PREVIOUS EMPLOYER NAME	CITY AND STATE	OTHER COMPENSATION TELEPHONE NUMBER
POSITION HELD DESCRIPTION OF DUTIES NAME OF SUPERVISOR DATES OF EMPLOYMENT POSITION HELD	REASON FOR LEAVING PREVIOUS EMPLOYER NAME	CITY AND STATE	OTHER COMPENSATION TELEPHONE NUMBER ENDING HOURLY PAY
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DATE AVAILABLE IF HIRED	HOURLY PAY DESIRED	
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR (OT IF YES, LIST DATE, CHARGE AND CITY WHERE CONVIC	THER THAN MINOR TRAFFIC VIOLATIONS) IN THE LAST TO	EN (10) YEARS? YES NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFE IF YES, LIST DATE, CHARGE AND CITY WHERE CONVICTION	•	YES NO
1 '	ALLY DISQUALIFY YOU FOR EMPLOYMENT, RATHER SUC CRIME, AND REHABILITATION WILL BE CONSIDERED).	CH FACTORS AS AGE AND DATE
REQUIRED DOCUMENTS) IS CORRECT, ACCURATE FALSIFICATION, MISREPRESENTATION OR OMISS	GNING* ION PROVIDED BY ME IN THIS APPLICATION (OR AND EARLY OF AND COMPLETE TO THE BEST OF MY KNOWLEDGE SION OF ANY FACTS IN SAID DOCUMENTS WILL IPLOYMENT REGARDLESS OF THE TIMING OR CIRCUM	GE. I UNDERSTAND THAT THE BE CAUSE FOR DENIAL OF
SHOULD AN OFFER OF EMPLOYMENT BE EXTEN CUPCAKES & ICE CREAM") THAT SUCH EMPLOYMENT BE EXTENDED BY THE SPECIFIED DURATION AND MAY BE TERMINATED BY WITH OR WITHOUT CAUSE OR NOTICE. I UNDERS STATEMENTS OF MS. BEE'S CUPCAKES & ICE DEEMED A CONTRACT OF EMPLOYMENT REAL OR BY ICE CREAM EXCEPT THE CO-OWNERS HAS THOSE EMPLOYMENT OR ANY AGREEMENT CONTRACT	CATION DOES NOT GUARANTEE EMPLOYMENT. INDED BY JDA CUPCAKES, LLC (HEREINAFTER ROYMENT WITH MS. BEE'S CUPCAKES & ICE BY EITHER MS. BEE'S CUPCAKES & ICE CRESTAND THAT NONE OF THE DOCUMENTS, POLICIES, E CREAM OR ITS REPRESENTATIVES USED DURING IMPLIED. I UNDERSTAND THAT NO REPRESENTATIVE AUTHORITY TO ENTER INTO ANY AGREEMENT GUY TO THE FOREGOING STATEMENTS AND THAT ANY-OWNERS OF MS. BEE'S CUPCAKES & ICE CREAM.	REFERRED TO AS "MS. BEE'S CREAM IS AT WILL, FOR NO EAM OR MYSELF AT ANY TIME, PROCEDURES, ACTIONS, AND THE EMPLOYMENT PROCESS IS E OF MS. BEE'S CUPCAKES PARANTEEING ANY CONDITIONS SUCH AGREEMENTS MUST BE
RULES, REGULATIONS, POLICIES AND PROCEDURE THAT SUCH COMPLIANCE IS A CONDITION OF EMPL & ICE CREAM'S BUSINESS, ATTENDANCE AND P	BEE'S CUPCAKES & ICE CREAM, IF EMPLOYED ES OF MS. BEE'S CUPCAKES & ICE CREAM AT LOYMENT. I UNDERSTAND THAT DUE TO THE NATUR PUNCTUALITY ARE CONSIDERED ESSENTIAL REQUIRE OOR ATTENDANCE OR TARDINESS WILL RESULT IN DI	T ALL TIMES AND UNDERSTAND E OF MS. BEE'S CUPCAKES EMENTS OF EVERY JOB AT MS.
SUBMIT TO A BACKGROUND CHECK AS A CONDITION	TH MS. BEE'S CUPCAKES & ICE CREAM HUNDON OF EMPLOYMENT. I UNDERSTAND THAT UNSATISENTS CHECKS WILL RESULT IN WITHDRAWAL OF COYED.	SFACTORY RESULTS FROM AND
INFORMATION ABOUT ME TO PROVIDE SUCH INF	, FORMER EMPLOYERS, REFERENCES, COURTS A FORMATION TO MS. BEE'S CUPCAKES & ICE INVOLVED FROM ANY AND ALL LIABILITY FOR ANY	CREAM AND/OR ANY OF ITS
I UNDERSTAND THAT THIS APPLICATION IS CON EMPLOYMENT AFTER THIS PERIOD I MUST FILL OUT	NSIDERED CURRENT FOR SIX (6) MONTHS. IF I WIT AND SUBMIT A NEW APPLICATION.	/ISH TO BE CONSIDERED FOR
BY SIGNING BELOW I ACKNOWLEDGE STATEMENTS.	THAT I HAVE READ, UNDERSTOOD AND	AGREE TO THE ABOVE
Signature	Date	
-		

INITIALS _____

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