



Sammy's Scoops Employment Application

51 Ocean Ave. Portland, ME 04103

(207)400-9160

sammysscoops@gmail.com

Application may be emailed to sammysscoops@gmail.com

PERSONAL INFORMATION:

Full name (first, middle, last):	
Physical address:	Mailing address:
Phone Number: ()	
Email address:	
Preferred method of contact (circle one): Phone or Email	
Do you possess a valid driver's license? (circle one): Yes or No	
Are you eligible to work in the United States? (circle one): Yes or No	
If you are age 15, do you have a work permit? (circle one): Yes or No	
Have you been convicted of or pleaded no contest to a felony within the last five years? (circle one): Yes or No If yes, please explain: _____ _____ _____	

AVAILABILITY:

What date are you available to start work? _____

Days/Hours Available April-June (night, weekend, and holiday availability are required):

Please list your availability for each day below.

SUNDAY: _____ MONDAY: _____ TUESDAY: _____ WEDNESDAY: _____

THURSDAY: _____ FRIDAY: _____ SATURDAY: _____

Do you have any prior commitments that will affect your working availability from April-June? (ex: other jobs or extra curricular activities)

Days/Hours Available July-October (night, weekend, and holiday availability are required):

Please list your availability for each day below.

SUNDAY: _____ MONDAY: _____ TUESDAY: _____ WEDNESDAY: _____

THURSDAY: _____ FRIDAY: _____ SATURDAY: _____

Do you have any prior commitments that will affect your working availability from June-October? (ex: other jobs or extra curricular activities)

EDUCATION AND EMPLOYMENT HISTORY:

Name of school - Degree/diploma - Graduation date: _____
Present or Last Employment Employer: _____
Address: _____
Supervisor: _____
Phone: _____
Position Title: _____
Start Date: _____ End Date: _____
Responsibilities: _____
Reason for Leaving: _____
May We Contact Your Present Employer? (circle one): Yes or No

REFERENCES:

Name/address/phone: _____
Name/address/phone: _____

EMERGENCY CONTACT:

Name: _____	Name: _____
Relation: _____	Relation: _____
Phone number(s): _____	Phone number(s): _____

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____