The Ice Cream Shop	ppe Applicat	ion for En	nployme	nt
Please print your name as it appears	on your Social Security card.			
Last Name	First Name	Middle Name		Social Security #
Street Address				
City, State, and Zip Code		Telepho	ne#	Alternate Telephone #
		•		
What is your Age? (Must be 16 years of age or older to certificate as required by the state or		er 18, applicant will be red	quired to submit a v	work Date available to start work
Are you currently a student?	Name of school currently a	attending	Level of school currently completing	
Please list ANY activities that may a	ffect your work availability (for exai	mple: sports, clubs, babys	itting, family obliga	ations, church groups, etc.)
Availability –Please check if you READ CAREFULLY. WE EXPERIF YOU CAN NOT CHECK OFF Week Days (late June-August	ECT YOU TO BE AVAILABLE ALL OF THE BOXES BELOV	TO WORK DURING A W PLEASE EXPLAIN	WHY.	OWING TIME PERIODS. (Sat. & Sun. day & night, all year)
INITIAL THAT YOU UNDERSTATHIS IS A JOB WHERE YOU A (THIS MEANS HOLIDAYS & W (Please initial here.)	RE EXPECTED TO MAKE YO			
VACATIONS: Please list the da	ites any vacations/camps/time	off you have planned:		
Employment History – If applical	ole, please list vour previous pl	ace of employment:		
1 2, 2 2 2 2 2 2 2 2 2				
Company Name Street Address				
City, State, and Zip Code		Telephone #		Time Period Employed at Company
Uniform Information – Please ch	neck shirt size.	☐ Large ☐	XLarge	
IMPORTANT We are glad you are this application. The Ice Cream Shop additional information relating to my agencies to supply any information of	ope in considering my application for background. I authorize all person	or employment may verify as, schools, companies, co	the information second	et forth on this application and obtain bureaus and law enforcement
I certify that the information on this a disqualification from consideration for employment and that if hired, I will be or without cause, unless otherwise re	or employment or, if employed, my or employment or, if employed, my or eable to resign at any time for any	dismissal. I understand the reason. Likewise, the co	nat this application impany can termina	is not a contract, offer, or promise of ate my employment at any time with
I understand that if The Ice Cream S Shoppe uniform is \$20, which I agree agrees to reimburse the employee the	e to have deducted from my first pa	aycheck. Upon 150 com	pleted hours of em	
Date of Application —	——— Signature as shown or	n Social Security Card —		