

## **Employment Application**

			Date of application:		-
Name (first, middle, last):			Date of Birth:		
Cell Phone:					
Home Phone:		E-mail Address:			
Do you have a	valid driver's licen	se? Number:	1	State:	
What type of position are you applying for?			Salary desired?	\$per hour	
Dates you are	available: From _	to			
Your Educati	ional Background:				Year of
				Major course of study	
High school		School Name	Major	course of study	Graduation
				de la constante de la constant	
College					*
Other advance					
degrees, or cer	tilications				
Dates	Employer	Phone #, City & State	Type of Work	Supervisor	Reason for Leaving
setting. Pleas	nces: The best refere se list a minimum of	ences are unrelated people wh f three references. Email	o have observed you  Phone Number		eustomer service erson know you?
setting. Pleas	se list a minimum of	f three references.			
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Mabel's Ice Cream 3/28/18



What are your ideas of exceptional customer service? Tell about examples where you have received exceptional service
Do you have any health or physical limitations which may make it difficult for you to perform the job?
I authorize investigation of all statements made in this staff application and all pre-employment interviews, and I release Mabel's and all others from liability in connection with my statements or the investigation of them. I understand that if I am offered a position, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Mabel's management. I also understand that untrue, misleading or omitted information given by me may result in my dismissal, regardless of the time of discovery by Mabel's.
Signature: Date:
Return applications to:
Mabel's Ice Cream Shop PO Box 323 Bayport, MN 55003
Or
mabelsbayport@comcast.net

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