



EMPLOYMENT APPLICATION

NAME _____

PHONE _____

LOCAL ADDRESS _____

E-MAIL _____

PERMANENT ADDRESS _____

EMERGENCY CONTACT

(Name/relation to you/phone #) _____

CURRENTLY EMPLOYED? Yes/No IF YES, WHERE? _____

Manager Name/Phone # _____

PREVIOUS WORK EXPERIENCE

Where

When

Duties

Manager Name/Phone #

Why Did You Leave?

Where

When

Duties

Manager Name/Phone #

Why Did You Leave?

Where

When

Duties

Manager Name/Phone #

Why Did You Leave?

ANY FRIENDS/FAMILY IN ICE CREAM/FROZEN YOGURT/RESTAURANT BUSINESS? Yes/No

- IF YES, WHO AND WHAT RELATION TO YOU _____

- NAME OF BUSINESS AND LOCATION _____

IN SCHOOL? Yes/No WHERE _____ YEAR _____ MAJOR _____

INVOLVED WITH ANY ORGANIZATIONS/CLUBS? _____

OK WITH MINIMUM WAGE? (\$7.25!) Yes / No

Convicted of any felonies? Yes / No

If Yes, for what? _____

DAYS/HOURS OF AVAILABILITY
(summer)

(fall)

Why do you desire to work at Sunberry?

What's your favorite movie and why?

Your best friend comes in and NEEDS a free Sunberry. What do you do?

A customer orders a large, one topping Sunberry, and asks for another scoop of the same topping. Do you charge for this second topping?
Y / N Why?

Surprise us (thoughts, comments, suggestions)

Authorization: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____ DATE _____