SIMPLY SWEET ICE CREAM APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT PAGE 1

PLEASE COMPLETE THIS PAGE			DATE:			
NAME:LAST	FIRST		MIDDL	E		
Present Address:	Street	CITY	State	ZIP		
TELEPHONE: () SOCIAL SECURITY NO						
If Under 18, Please List age:			Days/Hours Available To Work:			
HOW MANY HOURS CAN YOU WORK WEEKLY?			No Pref:	Thur:		
PART TIME: FULL TIME:			Mon:	Fri:_		
Can You Work Nights?			Tue:	SAT:		
WHEN CAN YOU START?			WED:	Sun:		
Is This Your First Job? Yes No Prior Military Experience? Yes No					No No	
If NO Please Complete Below:			CAN YOU PROVIDE A RESUME? YES NO			
JOB TITLE START DATE	END DATE	REAS	REASON FOR LEAVING			
REFERENCES						

Please Note That This Is Just An Application, Your Signature Indicates That You Are Providing The Correct Information Needed. Also, More Information May Need To Be Provided.

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APPLICATION FOR EMPLOYMENT PAGE 2

Experience Scooping Ice Cream?	YES NO IF YES, HOW LONG			
Experience Making Smoothies?	YES NO IF YES, HOW LONG			
Experience Baking Cookies?	YES NO IF YES, HOW LONG			
Experience With Customer Service?	Yes No If Yes, How Long			
Experience With A P.O.S System?	Yes No If Yes, How Long			
Means Of Transportation:				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO				
If Yes, Please Explain:				
REASON FOR APPLYING?				
What Are Some Good Attributes About Yourself?				
What Is Your Highest level Of Education?				
HIGH SCHOOL COLLEGE GED				
Do You Have A Degree? Yes No .				
If So, What Is Your Degree In:				
COMMENTS:				
Applicant's Signature:				