



EMPLOYMENT APPLICATION

An equal opportunity employer

We are an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, marital status, color, religion, national origin, veteran status, disability, or any other consideration which is made unlawful by federal, state, or local laws. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL INFORMATION						
FULL NAME:		LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
ADDRESS:		STREET	APT. #	CITY	STATE	ZIP
DAYTIME TELEPHONE		EVENING TELEPHONE		MOBILE PHONE	E-MAIL	
FOR REFERENCE PURPOSES – IF YOU HAVE EVER USED ANOTHER NAME, STATE NAME AND DATES:						
LAST		FIRST		MIDDLE	DATES: FROM TO	
TYPE OF EMPLOYMENT DESIRED:		DATE AVAILABLE FOR WORK:		HOW DID YOU FIRST HEAR ABOUT THIS POSITION?		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER						
HAVE YOU EVER APPLIED HERE BEFORE?			<input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" TO EITHER QUESTION, LIST LOCATION	
HAVE YOU EVER BEEN EMPLOYED BY US?			<input type="checkbox"/> YES <input type="checkbox"/> NO		APPROX. DATE:	
LIST ANY CURRENT OR PAST EMPLOYEES OF THE COMPANY THAT YOU KNOW:				HOW MANY HOURS PER WEEK ARE YOU LOOKING FOR?		
NAME(S):						
WHAT TIMES ARE YOU AVAILABLE TO WORK EACH DAY OF THE WEEK:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO THE BEST OF YOUR KNOWLEDGE BASED ON THE JOB DESCRIPTION AND RECRUITMENT MATERIAL YOU'VE SEEN, ARE YOU MENTALLY AND PHYSICALLY WILLING AND ABLE TO PERFORM THE TASKS REQUIRED BY THE JOB YOU ARE APPLYING FOR?						<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION							
HIGH SCHOOL: <input type="checkbox"/> ATTENDING, GRADUATING 20____ <input type="checkbox"/> GRADUATE <input type="checkbox"/> GED <input type="checkbox"/> NOT ATTENDING							
OTHER EDUCATION OR TRAINING	NAME & LOCATION OF SCHOOL:		COURSE OF STUDY:	DATES		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA
				FROM:			
				TO:			

REFERENCES		
LIST THREE WORK REFERENCES. WORK-RELATED, ACADEMIC, OR ACTIVITY-RELATED REFERENCES ONLY, NO PERSONAL REFERENCES		
REFERENCE NAME	PHONE NUMBER(S):	HOW YOU WORKED WITH THIS PERSON:
#1:		
#2:		
#3:		

ESSAY
ON A SEPARATE SHEET OF PAPER, WRITE A PARAGRAPH DESCRIBING WHY YOU FEEL YOU SHOULD BE HIRED FOR THIS POSITION.

Doc Burnstein's Ice Cream Lab

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ACTIVITIES
LIST SCHOOL, CIVIC, OR BUSINESS ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE AGE, SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN.)
HOBBIES AND LEISURE TIME INTERESTS:

EMPLOYMENT HISTORY				
LIST YOUR WORK EXPERIENCE WITH YOUR PRESENT AND LAST THREE EMPLOYERS:				
1. PRESENT OR LAST EMPLOYER:		CITY	STATE	ZIP CODE
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES (MO./ YR.) FROM: TO:	FINAL SALARY:
LAST POSITION HELD: DUTIES:			REASON FOR LEAVING:	
2. PREVIOUS EMPLOYER:		CITY	STATE	ZIP CODE
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES (MO./ YR.) FROM: TO:	FINAL SALARY:
LAST POSITION HELD: DUTIES:			REASON FOR LEAVING:	
3. PREVIOUS EMPLOYER:		CITY	STATE	ZIP CODE
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES (MO./ YR.) FROM: TO:	FINAL SALARY:
LAST POSITION HELD: DUTIES:			REASON FOR LEAVING:	
4. ATTACH RESUME FOR ADDITIONAL PREVIOUS EMPLOYMENT				

CONDITIONS OF EMPLOYMENT

I certify that all statements I have made in this application are true and agree that any misrepresentation or omissions of facts may be sufficient cause for cancellation of my application for employment or immediate dismissal from the Company's service if I have been employed. I authorize Doc Burnstein's Ice Cream Lab to verify all statements contained in this application for employment and to make the necessary reference checks, except as otherwise limited.

Doc Burnstein's Ice Cream Lab is a **drug-free, alcohol-free and tobacco-free workplace**. As such, detectable use of these items while at work can result in immediate termination. I also understand that Doc Burnstein's is a family-friendly establishment and that every employee must abide by certain rules and regulations concerning appearance while on the job. I agree that if I am employed, I will abide by all the rules and regulations of the Company.

I understand that all employment at Doc Burnstein's Ice Cream Lab is "at will", meaning that either the employee or the Company may terminate the employment relationship at any time without the need for reason or cause.

If employed I will furnish proof of date of birth, and U.S. citizenship or visa which will allow me to be legally employed.

SIGNATURE OF APPLICANT:	DATE: