



Sweet CeCe's
FROZEN YOGURT & TREATS

APPLICATION FOR EMPLOYMENT

*Pre-Employment Questionnaire
Equal Opportunity Employer*

PERSONAL INFORMATION

Name (Last name first)

Date

Present address

Social Security no.

City/State/Zip Code

Phone number (with area code)

Permanent address

Email address

City/State/Zip Code

Referred by

Have you or your spouse ever been convicted of anything other than minor traffic violations, or been involved in litigation? If so, explain.

Have you or your spouse ever been involved in a business or personal bankruptcy? If so, explain.

Please tell us how you became aware of Sweet CeCe's™ (e.g., magazine, newspaper, referral, website, store visit, etc.).

EMPLOYMENT DESIRED

Position

Date you can start

Salary desired

Are you employed now? Yes No

If so, may we inquire
of your present employer?

Yes No

Are you legally authorized
to work in the US?

Yes No

Have you ever applied to this company before? Yes No Where? _____ When? _____

In which city or location(s) are you interested in working?

What days and hours are you available to work?



GENERAL INFORMATION

Subjects of special study

Special Training

Special Skills

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN



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."

Date

Signature

————— DO NOT WRITE BELOW THIS LINE —————

Interviewed By

Date

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____

