



**Employment Application** (please complete all parts in black ink and capital letters – do not leave blanks - there are 2 pages)

**Applicant Information (do not leave any blanks)**

Full Name: Last First Male / Female Date of Birth / /  
 Address: Street Address Apartment/Unit #  
 City State ZIP Code  
 Cell No:( ) - Email:  
 Home No:( ) - Social Security No: - - Desired Salary: \$ (Hourly)

Position Desired (please circle): **CREW MEMBER / ASSISTANT MANAGER / MANAGER**  
 Type of employment you are looking for (please circle): **FULL TIME / PART TIME / TEMPORARY** If TEMPORARY please give dates: Start End  
 Are you a citizen of the United States? YES NO If NO, are you authorized to work in the U.S.? YES NO  
 Have you ever worked for this or another Haagen-Dazs shop? YES NO If YES, when & where?  
 Have you ever been convicted of a felony? YES NO If YES, explain:

**Please Indicate When You Are Available To Work On Each Day (start time & end time)**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>START TIME</b>	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
<b>END TIME</b>	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

**Education**

High School: Address:  
 From: To: Did you graduate? YES NO Degree:  
 College: Address:  
 From: To: Did you graduate? YES NO Degree:

**Previous Employment (list your most recent job 1st)**

Company: Phone:( ) -  
 Address: Supervisor:  
 From: To: Starting Salary:\$ Ending Salary:\$  
 Job Title: Responsibilities:  
 May we contact your previous supervisor for a reference? YES NO Reason for Leaving:

Company: Phone:( ) -  
 Address: Supervisor:  
 From: To: Starting Salary:\$ Ending Salary:\$  
 Job Title: Responsibilities:  
 May we contact your previous supervisor for a reference? YES NO Reason for Leaving:



Employment Application cont. (please complete all parts in black ink and capital letters – do not leave blanks - there are 2 pages)

Military Service

Branch: From: To:
Rank at Discharge: Type of Discharge:
If other than honorable, explain:

ServSafe® California Food Handler Card

Certificate Number: Date Passed: / /

Professional References (do not include friends or family)

Full Name: Professional Relationship:
Address: Phone: ( ) -
Full Name: Professional Relationship:
Address: Phone: ( ) -

Please Tell Us Why You Want To Work For Haagen-Dazs (do not leave blank)

Three horizontal lines for writing the answer to the previous question.

Disclaimer and Signature (you must sign and put today's date)

I certify that I am able to lift 30-40 lbs regularly throughout shifts.
I certify that I am able to stand, bend, reach and scoop through-out assigned shift.
I certify that I am able to be mobile in a walk-in freezer with temperatures of -10° F.
I certify that I already have / or I am willing to obtain a ServSafe® California Food Handler within 30-days of Hire.
I certify that my answers are true and complete to the best of my knowledge. I understand that filling out this application does not indicate there is a position open and does not obligate this Häagen-Dazs® Shop to hire me.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
If this application leads to employment, your employment with this Häagen-Dazs® Shop (the company) is "at-will", meaning that either you or the company may terminate the employment relationship at any time, with or without notice, and with or without cause, for any reason.
If this application leads to employment, you will be required to submit proof of identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.
This Häagen-Dazs® Shop is independently owned and operated under a franchise granted by The Häagen-Dazs Shoppe Company, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_