



APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

Personal Information		Date
Name _____		Social Security Number
Last	First	Middle
Physical Address _____		Phone Cell: _____
Street	City	State Zip
Have you ever applied for employment with us? Yes___ No___ If yes: Month/Year		Are you 17 years of older?
When will you be available to begin work?		Available Holidays?
Have you been convicted of, pleaded guilty or pleaded no contest to, felon with in the last five years? If yes, please explain. Yes___ No___		Pay Expected:
Have you been convicted of, pleaded guilty or pleaded no contest to an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks and other related crimes within the last five years? If yes, please explain. Yes___ No___		Any relatives or friends employed here? If yes, who?
Do you have other special training or skills? Please explain		
Position Desired: (Place 1-4 on the following lines: 1 being first choice 4 being your last choice) Counter Person:___ Cook:___ Line Cook:___ Kitchen Helper:___		Are you applying for: _____ Full Time Position _____ Part Time

We start as early as 5:30 am and end as late as 11:00 pm

Days Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours
Hours FROM								
Available TO								
Days/Hours NOT Available:								

*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect To time, job, relatedness and other relevant factors.

Education

School	Name & Location	Course of Study	# of Years Completed	Did you graduate?	Degree or Diploma
High School					
College					
Trade					
Other					



APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

Employment History <small>(Start with your last or present employer. Account for any periods you were NOT working.)</small>		
Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From _____ To _____
Describe your work		Pay Optional Start _____ End _____
May we contact this employer? If not, why not? Yes No		Reason for leaving
Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From _____ To _____
Describe your work		Pay Optional Start _____ End _____
May we contact this employer? If not, why not? Yes No		Reason for leaving
Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From _____ To _____
Describe your work		Pay Optional Start _____ End _____
May we contact this employer? If not, why not? Yes No		Reason for Leaving
Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From _____ To _____
Describe work		Pay Optional Start _____ End _____
May we contact this employer? If not, why not? Yes No		Reason of leaving
Any other jobs we should know about? Please explain.		

Signature

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment.

I authorize you to verify all information provided above. In addition, I authorize the references listed above to give you all information concerning my previous or current employment and any pertinent information they may have, persona or otherwise, and release all parties from all liability from y any damage that my result from furnishing the same to you.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and Kozmic Cones retains the same Rights.

Signature

Date