

PERSONAL DATA

 Name (Last, First, MI) Today's Date

 Address (Street) Apt. # City, State Zip Code

 Home Phone Cell Phone Email Address

Why would you like to work for Marianne's Ice Cream, and what do you like about ice cream?

What animal best describes you and why?

POSITION INFORMATION

 Position Applying For Desired Starting Rate/Hour

How did you first hear about us? Walk In: (_____) Other: (_____)
 Employee Referral (Name: _____ Relationship to Employee: _____)

Are you at least 18 years old? Yes No
 (If under 18, hire is subject to verification that you are of minimum legal age)

Do you have any food allergies? Yes No
 If so, what allergies (s): _____

In accordance with the federal Immigration and Reform Act of 1986, if you are employed by us you will be asked to provide documentation of your right to work in the United States. If you cannot provide such documentation, we cannot legally employ you.

Can you provide such documentation? Yes No
Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

Please describe the functions that cannot be performed or accommodations needed: _____

PLEASE PROVIDE SCHEDULE AVAILABILITY (Between 6:00 am and Midnight):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATIONAL INFORMATION			
	Name/Location	Subjects Studied/Major	Degree/Certificate/ Credits Completed
High School/GED			
College/Trade/University			

EMPLOYMENT INFORMATION

Please begin with your current or most recent employer

Employer:	Address (street, city, zip code):	Telephone:
Supervisor's Name and Title	Dates of Employment:	
	From:	To:
Type of Business:	Job Title:	
Reason for Leaving:	May we Contact?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Summary of Duties and Responsibilities:

Employer:	Address (street, city, zip code):	Telephone:
Supervisor's Name and Title	Dates of Employment:	
	From:	To:
Type of Business:	Job Title:	
Reason for Leaving:	May we Contact?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Summary of Duties and Responsibilities:

Employer:	Address (street, city, zip code):	Telephone:
Supervisor's Name and Title	Dates of Employment:	
	From:	To:
Type of Business:	Job Title:	
Reason for Leaving:	May we Contact?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Summary of Duties and Responsibilities:

I certify that all information on this application is true, accurate and complete. I understand that falsification, misrepresentation or omission of fact on this application (or any accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize Marianne's Ice Cream LLC to contact references and confirm the validity of this information.

Questions regarding the above statement should be directed to any employment interviewer prior to signing the application.
 If hired, I agree to abide by all of the policies and procedures of the organization. This application and the organization's policies do not create an employment contract. I understand that either party may terminate employment at any time, with or without cause.

Signature of Applicant: _____ Date: _____