

# Scoups Ice Cream

Name	
Address	
Phone	
Email	
Date of Birth	
School and Year of Graduation (if under 19 yrs old)	
How many hours weekly will you be willing to work?	

Which of the following are you able to work on a regular basis?

- Weekdays
- School Nights
- Weekend Days
- Weekend Nights

References	List the names of 2 professional or personal references that have known you for at least one year		
Name	Address	Phone Number	Relationship
Do you know anyone who works or has worked at Scoups Ice Cream? If yes please provide his/her name:			

**Employment History (please list most recent 3 employers)**

Name of Employer	
Position	
Employment Dates	
Supervisor's Name and Phone Number	
Starting and Ending Pay	
Reason for Leaving	
May we contact?	

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## Review the following requirements:

As much as we'd love to allow everyone the flexibility to work whenever it is most convenient for them, the reality of our business is that most of our customer traffic occurs in the evenings and on the weekends, especially weekend nights. Those are the important times when we need you to be available to work so that our customers get the great service that they expect. **We will work around your busy schedule however; we will need to know when you need off at least 2 weeks in advance.** A job requirement is that you are available to work every weekend during the summer (within reason: one or two missed weekends during the summer are understandable, provided you've let us know at least two weeks in advance.) If you can't commit to this, please don't apply. Our minimum scheduling requirement is that you work one weekend closing shift, one other weekend shift (day or night) and at least one other shift any time during the week or weekend. If you would like to continue and think you will be a perfect candidate, use the rest of this page to tell us why you want to work at Scoops Ice Cream and what you would bring to our team. (You don't have to write a long essay – just a few sentences.) Please note: if left blank your application will not be reviewed

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I certify that answers given herein are true and complete to the best of my knowledge; I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. Which means that the employee may resign at any time and employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application, or interview(s) may result in either a decision not to hire or in discharge of my employment. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**