



Scoop n' Swirl

EMPLOYMENT APPLICATION

Personal Information				Date			
Name				Nickname (if any)			
Street Address			City, State		Zip		
Phone Number (Cell)			Phone Number (Other)				
E-MAIL							
Are you 16 years of age or older?				Are you legally authorized to work in the United States?			
<p>Have you ever been convicted of a misdemeanor or felony (with the exception of traffic tickets/moving violations)?</p> <p>If yes, please provide details (A conviction will not automatically disqualify you for employment)</p>							
Desired Employment							
Position Applying for: Ice Cream Scooper/Customer Service			Available Start Date			Salary Desired	
Indicate available hours for each day of the week	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
Education							
	School Name/City/State	Graduated (Yes/No) <small><i>*If in progress, enter anticipated year of graduation</i></small>		Field of Study/Major			
High School							
College							
Technical / Other							
Additional skills relevant to this role							

Have you ever visited Scoop n' Swirl? Describe your experience
What is your favorite Ice Cream and Mix-in Combination?
Why would you like to work for Scoop n' Swirl?
Describe a situation where you provided or received excellent customer service. What made it memorable?

Employment History		<i>List current and last two employers, starting with most recent.</i>	
Employer Name	Dates of Employment	Current Rate of Pay	Reason for Leaving
Position		Duties performed	
Supervisor's Name		Phone Number	May we contact?
Employer Name	Dates of Employment	Current Rate of Pay	Reason for Leaving
Position		Duties performed	
Supervisor's Name		Phone Number	May we contact?
Employer Name	Dates of Employment	Current Rate of Pay	Reason for Leaving
Position		Duties performed	
Supervisor's Name		Phone Number	May we contact?
Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please provide details			

References	<i>List names of three professional or personal references who have known you for at least one year.</i>	
Name	Phone Number	Relationship

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Applicant Statement
 I authorize inquires of any person or organization to verify information pertinent to my application for employment at Scoop N Swirl (SnS) I understand and agree that this application and other submissions become the property of SnS and that any false statements or false answers on this application form or any supplements thereto or in any interviews may result in cancellation of my application or in immediate dismissal if subsequently employed. I agree to take a drug test, if requested; to return any property upon termination of my employment; and to comply with all rules, regulations, policies and procedures of SnS. In consideration for employment by SnS, I hereby agree to be bound by SnS Policies and Procedures as set forth in SnS Team Handbook, as it may be adopted from time to time. I hereby acknowledge that a copy of the Handbook is available for my review.
 This form is executed with the intention to be legally bound, but should not be considered an employment contract.

Signature	Print Name	Date
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SnS does not discriminate and SnS is required not to discriminate in employment or administration of its programs or activities on the basis of race, color, national origin, sex or disability in violation of Title VII of the Civil Rights Act of 1964 or other federal, state or local laws or executive orders. In addition, SnS does not discriminate in employment or administration of its policies on the basis of religion, creed, ancestry, belief, age, veteran status, sexual orientation or in violation of federal, state, or local laws or executive orders.