THE ICE CREAM SHOW

Employment Application

Name(First, Middle, La	ıst):			Date:		
Phone Home ()_		Cell(_)			
E-mail Address:			SOC. SEC	: #		
Address		City_	State	Zip_		
Referred By		_				
Requested Salary:\$	/Hr. Request Fu	ıll Time	Hrs/wk or Part	t Time	_/Hrs.	
Available Start Date:_		Availabl	e weekends: Fri_	Sat :	Sun	
Are You Currently Emp	oloyed? W	/here?				
Employer's Name		N	ay We Contact?	Yes or	No	
Previous related work	experience:					
Name of Employer:		Wage:	/Hr Position:			
Reason for leaving last	employer:					
Outside interest or Ob	ligations:					-
Subjects of Special Stu REFERENCES:	dy/Talents/Skills					-
NAME	PHONE	BUSII	NESS	YEARS K	NOWN	
1						
2						
3						
Authorization: "I certify that the employed, falsified statements of				ne best of my k	nowledge and ur	nderstand that, if
I authorize investigation of all concerning my previous employr any damage that may result fror	ment and any pertinent info	ormation they ma				
I also understand and agree the representative.	hat no representation of	the company ha	as any authority to ent	ter into any ag	reement for em	iployment for all
This waiver does not permit the Act(ADA) and other relevant fed		r-related or med	cal information in a ma	nner prohibited	by the American	s with Disabilities
DATE	CICNIA	TUDE				