The Ice Cream Shop
P.O. Box 767 Girdwood, Alaska 99587

Phone: (907) 783-1008/(907) 250-5738 E-mail: theicecreamshopak@gmail.com Website: www.theicecreamshop.com

Application for Employment—for NON-smokers only--"The Ice Cream Shop" is a smoke free environment.

Please print legibly Today's Date_____

Name_____ _____
Last First M.I. Other names used in employment

Mailing Address_____

Phone contacts: 1)_____ 2)_____ E-mail:_____

What date are you eligible to start work?_____ What is a possible termination date? _____

Number of hours per week desired_____ Desired hourly wage_____

Are you eligible for employment in the United States? _____ Are you a smoker?_____
Proof of eligibility will be required if you are employed with The Ice Cream Shop.

Are you 18 years or older? _____ If no, what is your age?_____
If you are under 18 years of age, a work permit will be required prior to employment and your parent/guardian must sign this application.

Are you or have you ever been employed by any person or business in the Girdwood area? _____
If yes, by whom, start & finish dates, & reason for leaving:
Employer:_____ Employer:_____
Start date:_____ Start date:_____
Finish date:_____ Finish date:_____
Reason for leaving:_____ Reason for leaving:_____
Were you employed by more than the 2 above listed Girdwood employers?_____
If yes, list the name of the employer, start & finish dates & reasons for leaving on the BACK of this paper.

How did you become aware of employment possibilities at "The Ice Cream Shop"?
_____

Describe any commitments that would require you to be absent from work:
_____

Most positions of The Ice Cream Shop positions involve the handling of money & contact with the public; therefore, the following question must be answered fully:
Have you ever been convicted of a felony or misdemeanor? _____
If yes, please explain_____

Do you have a current driver's license?_____
If yes, state or country_____ License #_____
Have you ever had your driver's license suspended or revoked as a result of a moving violation(s)? _____
If yes, please explain_____

Education

School Name & Location Course of Study # yrs. Attended Did you graduate?

Elementary _____
Middle_____
High School_____
College_____
Other (Explain)_____
Professional licenses, certificates or registrations_____
List any special skill/talents/training relevant to your applying for this position_____

Work History (other than Girdwood area)

Please give your accurate & complete work history. Start with your present or most recent employer. Attach additional pages, if necessary.

Company Name_____ Dates: From_____ To_____
Address_____ Supervisor_____
Contact #_____ Rate of Pay: Beginning_____ End_____
Job Title & Duties_____ Reason for Leaving_____

Company Name_____ Dates: From_____ To_____
Address_____ Supervisor_____
Contact #_____ Rate of Pay: Beginning_____ End_____
Job Title & Duties_____ Reason for Leaving_____

Company Name_____ Dates: From_____ To_____
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Company Name_____ Dates: From_____ To_____
Address_____ Supervisor_____
Contact #_____ Rate of Pay: Beginning_____ End_____
Job Title &Duties_____ Reason for Leaving_____

Personal References

Name Address Phone number

1._____

2._____

3._____

Any additional comments or information (hobbies, travels, limitations, allergies, etc).
_____
_____

I verify that the information that I have provided is true. If hired & any falsifications are discovered, immediate termination will occur.

Signature_____ Date_____

Name_____ _____
Signature of Parent/Guardian (if under 18 years of age)

Information supplied on conviction records will not necessarily bar an applicant from consideration for employment. Nature of, reason for & time elapsed since convictions(s) will be reviewed.