

Application for Employment

*Please submit completed applications to hiring@candymountaincreamery.com

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Personal Data													
Name (last, first, mide	dle)												
Street Address and/or Mailing address					Ci	City				State		Zip	
Street radices and or maining address													
Hamanhana			Callular						Fuenil a dalua				
Home phone Cellular phone								Email address					
Date you can start wo	ork	Hourly wage desire			sired				Do you have a high school diploma or GED?				
Position Information Please check the boxes that apply													
Hours	Liver and the second se												
Full-t						viorinings			williarly still is per week would you like to work:				
Part-t	time				Afte	ernoon	noon						
Are you authorized to	Are you authorized to work in the U.S. on an unrestricted basis? What i				is your l	your Date of Birth:				If under 18, do you have a valid work permit?			
			eu basis:										
☐ Yes	□ N	0											
Have you ever been c	onvicted of a felony? (Co	nvictio	ns will no	ot necces	sarily dis	gualify an	applicant for e	volame	ment)	□ Y	es	П	No
If yes, please explain:	(20	,,,,,,			, a , a	quamy an	appeae.e		,		-5		110
ii yes, pieuse expluiii.													
Is there a specific pos	ition you are applying for	(if so, p	lease list)	?	If you'r	e under 18	3 years old, hav	e you	obtained a w	orker's permit?			
-													
Qualifications	Please list any educa							r that v	vould help y	ou perform the	work,	such as so	chools,
	colleges, degrees, vo	ocationa	al or techi	nicai pro	grams,	and milita	ry training.						
School/Training/Millitary Name				Dates			Degree		City/State				
													-
Special Skills List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc)													
			-										
References Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.									ve three				
	professional references,	tnen iis	st persona	ai, unreia	atea rere	erences.							
Name			Address/City/State			Phone			Relationship				

Work History Start with your present or most recent employment a	nd work back. Use separate sheet if necessar	y. (INCLUDE PAID AND UNPAID POSITIONS)						
Position #1	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
May we contact your present Employer? Yes No NA								
Position #2	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
Position #3	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
Position #4	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.								
Applicant signature		Date						