



Buffy's Ice Cream/Chatham Ice Cream Bars



JOB APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. Send this completed application to: hr@chathamicecreambars.com.

Name and Address									
Name (First, MI, Last)					Social Security Number -- Will collect if needed --				
Mailing Address									
City, State, and Zip Code									
Telephone					Alternate Phone				
If under 18, please list age					Email				
Job Type									
Days/hours available to work								Available to work July 4? (Strongly considered for hiring)	
Any	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
I am seeking a:			<input type="checkbox"/> Full-time Job			<input type="checkbox"/> Part-time Job			<input type="checkbox"/> Seasonal Job
Date available to begin		Last day available (if seasonal)			Can you work nights?			Desired # of hours per week	
Additional Information									
Have you ever been employed by this organization in the past?									
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.									
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?									
If Yes, please explain:									
Do you have a driver's license?					Driver's license number			Issued in what state?	
Have you had any accidents during the past three years?								How many?	
Have you had any moving violations during the past three years?								How many?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business/Trade School

Military

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date

Specialty

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date