

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED AND SIGN AT BOTTOM OF PAGE TWO		APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS			DATE			
Name								
	First		Middle	Last		Maiden		
Present address								
	Number		Street	City S	State Zip			
How long				Social Security	No –			
Telephone ()			If under 18, please list age					
Position applied for (1)			Days / times available to work:					
and salary desired (2)				No Pref	Wed	Sat		
(Be specific)				Mon	Thu Fri	Sun		
				Tue	''''			
How many hours can you work weekly? Can you work nights?								
Employment desired	☐ PART	-TIME ONLY	☐ FULL OR	PART-TIME When	available for work?			
TYPE OF SCHOOL	NAME O	F SCHOOL		OCATION	# OF YEARS			
High School			(CI	TY / STATE)	COMPLETE)		
riigii concoi								
College								
Bus. or Trade School								
Das. of Trade Control								
Professional School								
HAVE YOU EVER BEEN CONVICTED OF A CRIME? □ No □ Yes								
If yes, explain number of								
committed, sentence(s) in	mposed, and	type(s) of reh	abilitation					
COMPLETE THIS SECTION	ONLY IF APF	LYING FOR RO	ADCREW POSIT	ION(S)				
Do you have a drivers	s license?	Yes 🗆	No □					
Driver's license								
number		State of is	ssue	What Type? ☐ Op	perator 🚨 Comme	ercial (CDL)		
Expiration date			_					
Have you had any accidents during the past three years? How many?								
Please list two references	s other than	relatives or pre	evious employe	rs.				
Name				Name				
Position			Position					
Company				Company				
Telephone ()			Telephone ()					
MEMBER OF ARMED FORCES? ☐ Yes ☐ No Branch					s: From	To		

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Work Please list your work experience for the past Experience Attach add	t five years beginning with yoitional pages if necessary	our most recent job he	ld.			
Name of employer:Address:	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip CodePhone number		From	Start			
Your last job title	May We Contact?	То	Final			
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned,	, advancements or promotion	s while you worked at	this company.			
Name of employer:Address:	supervisor	Employment dates	Pay or salary			
City, State, Zip CodePhone number	-	From	Start			
Your Last Job Title	May We Contact?	_ To	Final			
APPLICATION FORM WA	IVER - PLEASE READ CAREI	FULLY				
In exchange for the consideration of my job application by Everything-this application nor the subsequent entry into any type of employn regardless of the contents of employee handbooks, personnel manuatime, or other Company practices, shall serve to create an actual or i Everything-Ice, Inc., or otherwise to change in any respect the employent be altered except by a written instrument signed by the Presid may end the employment relationship at any time, without specified no change or revise their benefits, policies and procedures and such change authorize investigation of all statements contained in this application, for dismissal at any time without any previous notice. I hereby give the	nent relationship, either in the als, benefit plans, policy stateme mplied contract of employment, loyment-at-will relationship betw lent /Owner of the Company. Botice or reason. If employed, I unges may include reduction in beronder the misreprese to the misreprese and that the misreprese also benefit to the misreprese that the misreprese also benefit to the misreprese	position applied for or a nts, and the like as they or to confer any right to een it and the undersigned the undersigned and liderstand that the Companetits.	ny other position, and may exist from time to remain an employee o hed, anthat relationship Everything-Ice, Inc. any may unilaterally acts called for is cause			
indicated), references, and others, and hereby release the Company fr I also understand that (1) the Company has a drug and alcohol policy consent to and compliance with such policy is a condition of my emp testing under such policy. I further understand that continued er	that provides for preemployment bloyment; and (3) continued employment	t testing as well as testing	•			
examinations.	mployment may be based on t	the successful passing	successful passing of			
• , ,	employment application, the Commy credit records, character, g	mpany may request from eneral reputation, persor	e successful passing of of job-related physica a a consumer reporting nal characteristics, and			
examinations. I understand that, in connection with the routine processing of your agency an investigative consumer report including information as to mode of living. Upon written request from me, the Company, will prov	employment application, the Co my credit records, character, g vide me with additional information	mpany may request from eneral reputation, persor on concerning the nature (30) days, and further tha	e successful passing of of job-related physical n a consumer reporting nal characteristics, and and scope of any such			

Date:

Signature of applicant