



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 _____
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Name _____
First Middle Last Maiden

Present address _____
Number Street City 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 _____ Sun _____
 Tue _____ Fri _____

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 OF SCHOOL	LOCATION (CITY / STATE)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

****COMPLETE THIS SECTION ONLY IF APPLYING FOR ROADCREW POSITION(S)****
 Do you have a drivers license? Yes No
 Driver's license number _____ State of issue _____ What Type? Operator Commercial (CDL) Chauffeur
 Expiration date _____
 Have you had any accidents during the past three years? _____ How many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Telephone (____) _____	Telephone (____) _____

MEMBER OF ARMED FORCES? Yes No Branch _____ Dates: From _____ To _____



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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. **Attach additional pages if necessary.**

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your last job title _____	Name of last supervisor	Employment dates	Pay or salary
	_____	From _____ To _____	Start _____ Final _____
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. _____ _____			

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your Last Job Title _____	Name of last supervisor	Employment dates	Pay or salary
	_____	From _____ To _____	Start _____ Final _____
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. _____ _____			

APPLICATION FORM WAIVER - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Everything-Ice, Inc. (hereinafter called "the Company"), I agree that either the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Everything-Ice, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Owner of the Company. Both the undersigned and Everything-Ice, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business.

Signature of applicant _____ Date: _____