

# SCOOPS Employment Application

(Equal Opportunity Employer)



## Applicant Information

Full Name:					Date:		
Address:							
<i>Street Address (incl. Unit #)</i>				<i>City, State, Zip Code</i>			
Phone:	(    )		E-mail Address:				
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO		
Have you ever been convicted of a felony?	YES	NO	If yes, please explain:				

## Employment Desired

Position:				Desired Salary:			Date Available From:		
Specify hours available for each day of the week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Have you ever applied to the Scoops before?	YES	NO	If so, when?						
Would you accept another position?	YES	NO	If so, which one?						
How did you hear about us?									

## Education

High School:				Address:					
From:	To:	Did you graduate?	YES	NO					
College:				Address:					
From:	To:	Did you graduate?	YES	NO	Degree:				
Other:				Address:					
From:	To:	Did you graduate?	YES	NO	Degree:				

## References

Please list three persons **not related to you**, whom you have known at least one year.

Name	Address & Phone Number	College/Business	Years Acquainted / How do you know this person?
1			
2			
3			

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

Share a couple of sentences why you want to work at Scoops and what special abilities make you a good candidate for employment.

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**Previous Employment**

Please list current and/or previous employers, starting with the most recent one first. Please include any experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Company 1:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES	NO

Company 2:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES	NO

Company 3:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES	NO

**Disclaimer and Signature**

I hereby authorize Scoops to thoroughly investigate my background, references, employment record and other matters related to the suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Scoops to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Scoops. I understand that nothing contained in this application, or conveyed during an interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Scoops to hire me.

<b>Signature:</b>		<b>Date:</b>	
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**I UNDERSTAND THE POSITION FOR WHICH I AM APPLYING WILL PROBABLY INVOLVE NIGHT AND WEEKEND SHIFTS. I CERTIFY THAT I AM WILLING AND ABLE TO WORK THESE SHIFTS.**

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_