

The Chocolate Factory
Subs and Ice Cream
Application for Employment

Personal Information (please print)

Name: _____ **Date:** ____/____/____
Last First Middle Maiden

Present Address: _____ **How Long? :** _____
Number Street City Zip

Telephone: (____) _____ - _____ **Position Applied For:** _____

Referred By: _____ **Salary Desired:** _____

Can you work nights? Yes No How many hours can you work weekly? _____ Date you can start: _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Availability (Days/Hours you CAN work)	
No Preference	Thursday
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday

Education					
	Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School					
College					

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

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.

What is your means of transportation to work? _____

Military

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer:	Employment Dates:
Name of Supervisor:	Job Title:
City, State, Zip:	Pay or Salary: Start _____ Final _____
Telephone Number:	Reason for leaving:
Please list the jobs you held, duties preformed, skills used or learned, advancement or promotions while working for this employer.	

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Authorization

certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company had any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature	Date
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Interviewer _____ Date _____

DO NOT WRITE BELOW THIS LINE _____