

Employment Application



Brain Freezers LLC

65 Main Street
Hebron, CT 06248

hr@brainfreezersct.com

Personal Information

Last Name		First Name		Middle Int	Todays Date	
Street Address					Home Phone	
City		State	Zip	Cell Phone		
Email Address						
Are you at least 18 years of age?		Yes	No	If No, Age: _____		
Are you legally able to be employed in this country?		Yes	No	Proof will be required		
Have you ever been convicted of a felony?		Yes	No			
Have you ever been discharged or asked to resign by any of your previous employers?		Yes	No	If yes, please explain		

Availability

# Hours/Week Seeking	Date Available To Start	Seeking a special position?		
		Seasonal	Temporary	Management

What hours can you work?

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Education

High School Name, City, State	Years Attended	Graduated	Diploma
College Name, City, State	Years Attended	Graduated	Degree
Additional Education	Years Attended	Graduated	Degree

Extracurricular Activities

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Employment History

Most Recent Employer/Company		Address		Phone Number	
Job Title	Supervisor	Date Started	Date Left	Salary	
Reason for Leaving			May we contact this employer?		

Previous Employer

Company		Address		Phone Number	
Job Title	Supervisor	Date Started	Date Left	Salary	
Reason for Leaving			May we contact this employer?		

References (Please do not list family members):

Name	Relation	Telephone
Name	Relation	Telephone
Name	Relation	Telephone

Philosophy

A customer says she was given the incorrect change. Instead of \$0.87 she was given \$0.78. What would you do?
What personal qualities do you have that would contribute to the Brain Freezers team?
Which item would be most important for you to follow as a team member? Quick & Courteous Service Enjoyable Environment Quality Product

Please Read Carefully Before Signing

I certify that I have read and fully completed all information in this application and the information is correct to the best of my knowledge. I understand that omissions or erroneous information is grounds for dismissal in accordance with Brain Freezers LLC policy.

I authorize the reference(s) listed in this application to provide any and all information concerning my previous employment as well as pertinent information they may have, personal or otherwise. I release all parties from all liabilities for any damages that may result from furnishing the aforementioned information.

I acknowledge that Brain Freezers, LLC reserves the right to amend or modify policies at any time, without prior notice. These policies do not create any promise(s) or contractual obligation(s) between Brain Freezers and its employee(s). I understand any employment offer is at-will. This means I am free to terminate my employment at any time or for any reason, with or without cause. Brain Freezers, LLC also retains these same rights.

Signature: _____

Date Signed: _____