

**FRITZ'S FROZEN CUSTARD
PART-TIME EMPLOYMENT APPLICATION**

EMAIL APPLICATION TO: joinfritzs@gmail.com

The Company is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, gender, genetic information, national origin, age, disability, marital status, veteran status, or any other legally protected status.

PERSONAL INFORMATION				
Last Name		First Name		Middle Name
Street Address		City	State	Zip
Telephone Number (home and cell)		Best Time to Call	Birthdate	
Store Applied For			Date of Application	
Are you currently employed? <input type="radio"/> YES <input type="radio"/> NO				
If so, may we contact your present employer? <input type="radio"/> YES <input type="radio"/> NO				
On what date would you be available for work? _____				
Days and hours available to work:		Salary Requested:		
_____		\$ _____		
If under 16 years of age, can you provide required proof of your eligibility to work? <input type="radio"/> YES <input type="radio"/> NO				
In compliance with federal law, will you be able to provide proof of identity and eligibility to work in the United States if you are hired? <input type="radio"/> YES <input type="radio"/> NO				
EDUCATION				
	Name and Address of School		What grade are you currently in? Average Grades/G.P.A?	
Grade School				
High School				
<i>Please list any extra-curricular activities (clubs, sports, hobbies), scholarships, academic honors or special achievements:</i>				
EMPLOYMENT EXPERIENCE				
<i>Begin with your most recent employment and continue with all past employment. Attach additional sheets if necessary.</i>				
Employer:	Dates Employed		Work Performed	
Address:	From:	To:		
	Hourly Rate/Salary			
Telephone Number(s):	Starting:	Final:		
Job Title:		Supervisor:		
Reason For Leaving:				
Employer:	Dates Employed		Work Performed	

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Job Title:		Supervisor:	
Reason For Leaving:			
REFERENCES			
<i>List the names and telephone numbers of three references who are not related to you. Please make sure one reference is a teacher or school counselor.</i>			
Name: _____	Phone No.: _____	Years Known: _____	
Name: _____	Phone No.: _____	Years Known: _____	
Name: _____	Phone No.: _____	Years Known: _____	
APPLICANT STATEMENT			
<p>I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.</p> <p>Company will verify each new hire's eligibility to work in the United States. I authorize investigation of all statements contained in this application. I release from liability anyone supplying such information and I also release Company from all liability that might result from its investigation. If hired, I understand that I will be expected to abide by all of Company's rules and policies. I further understand that, if employed, my employment will be at will. I understand that this means that I will be employed for an indefinite period of time and my employment may be terminated at any time either by me or Company. I understand that Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.</p>			
Signature of Applicant:			Date:

*****DO NOT WRITE BELOW THIS LINE*****

Interviewed By: _____
Date Hired: _____

Date: _____
Wage: _____