

APPLICATION FOR EMPLOYMENT FOR

SCOOTERS MALT SHOPPE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

How long _____ **Social Security No.** _____ - _____ - _____

Telephone (____) _____ **Birth Date:** _____

If under 18, please list age _____ **E-MAIL:** _____

Position applied for _____

Days/hours available to work

No Pref _____ Thurs _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Salary desired _____

(Be specific)

How many hours can you work weekly? _____ **Can you work evenings, weekends, & Summer holidays?** _____

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

When available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER 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.

APPLICATION FOR EMPLOYMENT CONTINUED

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
 Expiration date _____

Have you had any accidents during the past three years? How many? _____
 Have you had any moving violations during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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 5 years** beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary.

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

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. _____

Please list all times you are **NOT** available to work on a regular basis (don't forget church activities).

	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															

List all dates below you have conflicts (include family vacations, sports camps, weddings, etc.):

POST EMPLOYMENT INFORMATION FORM			
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED			
Height _____ ft. _____ in.	Weight _____	Birth date _____	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, how long? _____	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Full name of spouse _____		Occupation _____	
Name of company _____		Telephone () _____	
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name _____		Telephone () _____	
Address _____		Relationship _____	
FOR DISCOUNT PURPOSES: LIST ALL PERSONS WHO MIGHT VISIT SCOOTERS			
NAME	RELATIONSHIP	BIRTH DATE	
TO BE COMPLETED BY EMPLOYER			
Date of employment _____		Job title _____ Dept. _____	
Location _____		Rate of pay _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Salaried <input type="checkbox"/>			
Applicant's signature acknowledging above information _____			
Drug test confirmation number _____			
Name of person verifying information _____			
Name of person authorizing employment _____			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Scooters Malt Shoppe** (hereinafter called "the Company"), I agree that:

Neither 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, **Scooters Malt Shoppe** 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 /General Manager of the Company. Both the undersigned and **Scooters Malt Shoppe** 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 pre-employment 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 sixty (60) 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.

Signature of applicant _____

Date: _____

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.**

Revised – April 2010