



Waukee Ice Cream Shoppe
530 Walnut St.
PO Box 251
Waukee, IA 50263
(515) 987-8504

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Wage: \$ _____

How many hours a week do you wish to work? _____

What is your availability? _____

Are you 18. Years of age or older? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Name of school you attend: _____ City _____ State _____

What grade are you currently in? _____

What activities are you involved in? _____

References

(Do not list relatives)

Name: _____ Phone: _____ Relationship: _____

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