

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

Employment Application

		Applicant	Information		
Full Name:			Date:		
i dii i tairio.	Last	First		M.I.	<u> </u>
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		
Date Availa	Date Available: Social Security No.:			Desired Wage: \$	
How many I	hours a week do you wish to work	?			
What is you	ır availability?				
Are you 18	Years of age or older?	YES NO			
Ale you lo.	reals of age of older?	U U			
Have you ever been convicted of a felony?		YES NO			
If yes, expla	ain:				
		Educ	cation		
Name of scl	hool you attend:		City		State
What grade	are you currently in?				
What activit	ies are you involved in?		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
		Refer	ences	_	
(Do not list	t relatives)				
Name:		Phone:		Relationship	:
Name [.]		Phone:		Relationship	

Previous Employmer	nt							
Company:			Phone:					
Address:				Supervisor:				
Job Title:		Starting Wage: \$		Ending Wage: \$				
Responsibilities:								
From:	To:	Reason	Reason for Leaving:					
May we contact your prev	YES □	NO						
EMERGENCY CONTACT		PHONE						
RELATIONSHIP TO YOU	:			_				
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:		Date:						