



Bobby's

FROZEN
CUSTARD
Maryville, IL

Employment Application Form

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
 and wage desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | 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 (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER in the ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the beginning with your most recent job held.
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 | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your Last Job Title | | |
| Reason for leaving (be specific) | | | |
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation ____ Yes ____ No.

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Bobby's Frozen Custard is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date