



Premium Dessert Top-Ins™

# Application For Employment

Please print or type. The application must be fully completed to be considered. Please complete each section in its entirety, even if you attach a resume. You may add additional sheets using the same format as needed.

## Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Background and Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

## Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

## Special Skills

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

**For DRIVING Job Only:** Do you have a valid driver's license?

Yes  No

Driver License Number:      Class of License:      State License Issued:      Expiration Date:

**Have you had your driver's license suspended or revoked in the last 3 years?**

Yes  No  If yes, provide details:

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status).

## Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

## Education

School Name	Location	Years Attended	Degree Received	Major

## References

Name	Company	Job Title	Phone
Have you worked or attended school under any other name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give names:
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been fired from a job or asked to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:

# Employment History

<b>Employer (1)</b>		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip
Duties Performed				
Reason for Leaving				
<b>Employer (2)</b>		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip
Duties Performed				
Reason for Leaving				
<b>Employer (3)</b>		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip
Duties Performed				
Reason for Leaving				

<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Duties Performed			
Reason for Leaving			

## Signature Disclaimer

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.

Name (Please Print)	Signature
Date	

**CANDIDATE INFORMATION:**

First and Last Name: \_\_\_\_\_  
 Contact Number(s): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Job Title of Interest: \_\_\_\_\_  
 Date You Can Start Work: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX -HR ONLY:**

**\*Please mark your responses in the corresponding boxes.** (Please Note: Preferences are not guaranteed.)

1) Are you interested in working Full Time or Part Time?

Full Time

Part Time

2) Do you prefer working a Day Shift or Night Shift?

Day Shift

Night Shift

3) Select days/nights of the week are you AVAILABLE to work

**Checkmark if you can work:**      **Days**      **Nights**      **Either**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

4) Which shift(s) do you prefer working?

10 hour - Days \_\_\_\_\_

12 hour - Days \_\_\_\_\_

12 hour - Nights \_\_\_\_\_

5) Are you willing to be cross-trained to work between  
Production and the Warehouse As Needed?

Yes

No, I prefer to work in only one department

**Are you able to be a Substitute if needed in addition to working your  
regular scheduled hours:      Yes      No**

6) If "Yes", when can you be a Substitute outside of your regular shift?

**Checkmark if you can work:**      **Days**      **Nights**      **Either**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

7) Please indicate the # of hours you are willing to work in 7 days:

20 - 23 hours (2 - 10 hour regular shifts) PT

24 - 26 hours (2 - 12 hour regular shifts) PT

40 - 45+ hours (4 - 10 hour regular shifts) FT

40 - 45+ hours (3 - 12 hour regular shifts) FT

Other: \_\_\_\_\_

**CANDIDATES: Please provide any additional information you feel we  
should know:**