

Bahama Freeze, LLC



Application for Employment

PLEASE PRINT OR TYPE: These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. Bahama Freeze, LLC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, **but each copy must be signed.** **Resumes will not be accepted in lieu of applications.**

Personal Information

NAME: _____ Social Security No: _____ - _____ - _____
(Last) (First) (Middle)

MAILING ADDRESS: _____ HOME PHONE: _____
(Street) (City) (State) (Zip) CELL PHONE: _____

PERMANENT MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS: _____

List any other names used if different from name on this application: _____

Employment Information

| | |
|---|---|
| List the exact title of position or type of work for which you wish to apply: | Do you have any friends working for this agency? If so, list names: |
|---|---|

Full-Time Part-Time Summer Temp/Project Date available for work: _____

Are you willing to work between 10am-9pm during summer? Yes No If part time, what are your preferred hours? _____

What hours/ days are you able to work during the school year? Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

What hours/ days are you able to work in the SUMMER? Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Is there a minimum salary you will accept? Yes No If "Yes," _____ per _____.

If the position requires the use of a personal vehicle, would a vehicle be available to you? Yes No

Current Driver's License # (if required for position): _____
(State) (Number)

Are you at least 16 years of age? Yes No Are you authorized to work in the United States of America? Yes No

Other Information

Have you ever been convicted of a criminal offense? Yes No

****NOTE:** Criminal offenses include felonies, misdemeanors and summary offenses. Examples: Driving under the Influence of Intoxicating Beverages, Drugs, Fraudulent or Bad Checks, Disturbing the Peace, Leaving the Scene of an Accident, Robbery, etc. Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits.

If "Yes," please list charge (s): _____

Where Convicted: _____ Date: _____ Disposition/Status: _____

Education and Skills

Note: for all positions requiring submission of transcripts, certificates, or licenses, this application is not complete until such documentation is received. Attach such documentation if required.

Do you possess a valid High School Graduate or GED Certificate? Yes No
If "Yes," please provide the following information: Date _____ State _____
If "No," please indicate highest grade completed: 1 2 3 4 5 6 7 8 9 10 11

Do you speak a language other than English? Yes No If "Yes," what language (s) _____

Starting with High School, please provide complete information on all schools attended. Include any special courses or trade schools.

| School Name/Location | Dates of Attendance | Graduate (Y/N) | Name of Degree | Major/Minor |
|----------------------|---------------------|----------------|----------------|-------------|
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List any additional information that might be applicable to the job you are applying for: _____

Employment Record

List jobs starting with your present or last job. You may list volunteer, part time, temporary, self-employment, and military employment. List each promotion as a separate job. If more space is needed, attach additional sheets in the same format, including your name, social security number and signature. **A resume may not be substituted for this section.**

1. Employer _____ From: Month _____ Year _____ To: Month _____ Year _____
Address _____ Title _____ # Supervised _____
Hours per week _____ Salary _____ Supervisor _____ Employer's phone _____
May we contact? Yes _____ No _____ Reason for leaving _____
Duties _____

2. Employer _____ From: Month _____ Year _____ To: Month _____ Year _____
Address _____ Title _____ # Supervised _____
Hours per week _____ Salary _____ Supervisor _____ Employer's phone _____
May we contact? Yes _____ No _____ Reason for leaving _____

Duties _____

References

Give the names of two people, not relatives, as personal references:

- 1. Name: _____
Company: _____
Phone: _____
- 2. Name: _____
Company: _____
Phone: _____

Signature

Authority to Release Information: By my signature, I consent to the release of information to Bahama Freeze, LLC. This may include information concerning my past and present work, including my official personnel files, attendance records, evaluations, law enforcement records, educational records, and/or any personnel record deemed necessary. I release Bahama Freeze to make inquiries regarding this application, if necessary, of present and former employers, law enforcement agencies, and educational entities, including third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature: _____ Date: _____

Certification of Applicant: By my signature, I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature: _____ Date: _____