

DRUG TESTING OF EMPLOYEES IS CONDUCTED IN ACCORDANCE WITH FROST, A GELATO SHOPPE'S DRUG TESTING POLICY.

an equal opportunity employer

If you need assistance in completing this form because of disability or for any other reason, please notify us so we can attempt to accommodate you.

Application for Employment

EMPLOYEES OF FROST, A GELATO SHOPPE, LLC. AND APPLICANTS FOR EMPLOYMENT ARE AFFORDED EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, FAMILY-CARE STATUS, DOMESTIC PARTNER STATUS, DISABILITY, HEIGHT, WEIGHT, AIDS/HIV STATUS, OR VETERAN STATUS.

Position sought			— Social Security #	!					
Full legal name	First	Middle	Home Phone	<u></u>					
Address	Wileus	GR2777CM80049CD28	Business	<u>()</u>					
			Mobile	(
			E-mail	=					
Are you under 18? Yes No									
Languages other than English:	Spea	k?	Read?	Write?					
1	☐ Yes	 □ No	 ☐ Yes ☐ No	☐ Yes ☐ No					
2	☐ Yes	□ No	☐ Yes ☐ No	☐ Yes ☐ No					
Education									
a. Highest grade completed									
b. Years of post high school education									
Name and Location	<u>Dates</u>	<u>Graduate?</u>	Certificate or Degree	Major or Specialty					
High School:									
Trade School:									
College:									
College:									

Experience — Use Supplementary Experience Form(s) if additional space is needed. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No If "no", indicate why not _____ Job Title Duties: Employer ___ Address _ Immediate supervisor Number of employees you supervised _____ Pay (start) _____ (finish) _____ Equipment used _____ Dates (mo/yr) _____ to (mo/yr)_____ Reason for leaving _____ Full-time — Part-time _____ Your name if different from present _____ Job Title Duties: Employer _____ Address Immediate supervisor Number of employees you supervised _____ Equipment used _____ Pay (start) _____ (finish) _____ Dates (mo/yr) _____ to (mo/yr)_____ Reason for leaving _____ Job Title Duties: Employer _____ Address Immediate supervisor _____ Number of employees you supervised _____ Equipment used _____ Pay (start) _____ (finish) _____

d. **Additional Experience**. Use this space for any additional information you think might help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

Part-time _____ Your name if different from present _____

Reason for leaving _____

Dates (mo/yr) _____ to (mo/yr)_____

Full-time ———

Refere	nces					
Lis	t names, addresses and rel <u>Name</u>	ationships of three p	eople not related to yo <u>Address</u>		qualifications: <u>Phone</u>	Relationship
28						
Miscell	aneous					
a. \	When would you be availabl	e to start work?				
c. (d. H e. F	Check which shift(s) you wo Check which job status(es) y Have you ever signed, or are For purposes of compliance wi Yes No. In accordance ou will be required to verify	you would accept: you otherwise subje th The Immigration Re se with the requireme	☐ Full-time [ect to, a non-competition form and Control Act, are ents of the Immigration	☐ Part-time (specion or confidentialite you legally eligible Reform and Conf	y agreement? for employment ir rol Act of 1986, i	
ii [lave you ever been convicte nvolve driving under the influ ☐ Yes ☐ No If "YES" Description of offense:	uence of alcohol or d , please provide the	rugs, personal injury o	or property damage	9)?	olations that did not
	Statute or ordinance(if know					onviction:
(County, City, State of Convid	etion:				
	(For add	ditional convictions u	se plain paper. Includ	le all information li	sted above.)	
CERTIF	FICATIONEach Application	n Requires Current D	ate and Original Signa	ature		
any a G for Sh	ereby certify that all entries of falsification of information, selato Shoppe but also in le information about my work oppe my employment will b lato Shoppe, LLC.	regardless of time or gal action. I authoriz history, experience,	of discovery, may resu re Frost, a Gelato Sho and character. I also	It not only in the te ppe, LLC to contac understand that if	rmination of any ot my former emp I become emplo	employment by Frost, ployers and references yed by Frost, a Gelato
Date .		- Applicant Signatu	ire			

<u>ALL APPLICANTS:</u> PLEASE DO NOT CALL TO CHECK ON THE STATUS OF YOUR APPLICATION. IT WILL BE KEPT ON FILE FOR AT LEAST 3 MONTHS. IF A POSITION FOR WHICH WE BELIEVE YOU ARE A VIABLE CANDIDATE BECOMES AVAILABLE, YOU WILL BE CONTACTED FOR A PERSONAL INTERVIEW.