

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 _____

a. Job Title _____
Employer _____
Address _____

Duties:
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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 _____

b. Job Title: _____

Employer_ Address _____

Duties:
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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 _____

c. 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:

References

List names, addresses and relationships of three people not related to you who know your qualifications :

Address

Relationship

Miscellaneous

• When would you be available to start work? _____

- Check which shift(s) you would accept: Day Evening Weekends
- Check which job status(es) you would accept: Full-time Part-time (specify hours)
- Have you ever signed, or are you otherwise subject to, a non-competition or confidentiality agreement? Yes No
- For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes No. In accordance with the requirements of the Immigration Reform and Control Act of 1986, if you are employed you will be required to verify your identity and to certify that you are eligible to be employed.

CERTIFICATION-Each Application Requires Current Date and Original Signature

I hereby certify that all entries on this Application and on all attachments are true and complete, and I agree and understand that any falsification of information, regardless of time of discovery, may result not only in the termination of any employment by Frost, a Gelato Shoppe but also in legal action. I authorize Frost, a Gelato Shoppe, LLC to contact my former employers and references for information about my work history, experience, and character. I also understand that if I become employed by Frost, a Gelato Shoppe my employment will be "at will" unless specifically provided otherwise in a writing signed by me and an officer of Frost, a Gelato Shoppe, LLC.

Date _____ Applicant Signature _____

ALL APPLICANTS: 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.