



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL

NAME _____ SOC. SEC. NO. _____

Last First Middle

ADDRESS _____

Street City State Zip

PHONE (____) _____ ARE YOU 18 YEARS OF AGE? Yes/No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?
Yes/No

DO YOU HAVE A VALID DRIVERS LICENSE? Yes/No DL# _____ STATE OF ISSUE _____

POSITION APPLYING FOR _____

List specific and special qualifications you have regarding position you are applying for: _____

EXPERIENCE BEGIN WITH MOST RECENT EMPLOYMENT

COMPANY _____ SUPERVISOR _____

ADDRESS _____

DATES EMPLOYED FROM _____ TO _____ STARTING PAY _____ ENDING _____

REASON FOR LEAVING _____

COMPANY _____ SUPERVISOR _____

ADDRESS _____

DATES EMPLOYED FROM _____ TO _____ STARTING PAY _____ ENDING _____

REASON FOR LEAVING _____

COMPANY _____ SUPERVISOR _____

ADDRESS _____

DATES EMPLOYED FROM _____ TO _____ STARTING PAY _____ ENDING _____

REASON FOR LEAVING _____

EDUCATION

SCHOOL	NAME OF SCHOOL	YEARS ATTENDED	LOCATION	DID YOU GRADUATE?
GRAMMER				
HIGH				
COLLEGE				

AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5 AM to 4PM							
4 PM to 2AM							

REFERENCES PLEASE LIST THE NAMES OF THREE PEOPLE NOT RELATED TO YOU

NAME	PHONE	OCCUPATION	YEARS KNOWN

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____
 Present Membership in National Guard or Reserves _____ Date obligation ends _____

SECURITY

LIST STATES AND COUNTRIES OF RESIDENCE FOR THE PAST SEVEN YEARS _____
 Yes/No HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THOSE ON THE FRONT OF THIS APPLICATION? IF YES, PLEASE LIST _____

Yes/No HAVE YOU BEEN CONVICTED OF, OR SERVED TIME FOR ANY FELONY INCLUDING A SEX-RELATED OR CHILD-RELATED OFFENSES IN THE PAST SEVEN YEARS? IF SO, PLEASE DESCRIBE BELOW. (IN ACCORDANCE WITH COMPANY POLICY, THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION)

INCIDENT	CITY/STATE	CHARGE

I CERTIFY THAT I HAVE READ AND UNDERSTAND THAT THE ANSWERS GIVEN BY ME TO THE FORGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT NO FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF THE FASCTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AUTHORIZE THE COMPANY AND/OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS, TO VERIFY ANY OF THIS INFORMATION INCLUDING BUT NOT LIMITED TO CRIMINAL HISTORY AND MOTOR VEHICLE DRIVING RECORD. I AUTHORIZE ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. THIS APPLICATION IN NO WAY REPRESENTS A CONTACT BETWEEN ME THE APPLICANT AND THE ANN ARBOR ICE CUBE.

SIGNATURE: _____ DATE: _____