



Frosty Frog Creamery & Café

6205 Hickory Flat Highway, Suite 112
Canton, GA 30115

Telephone: 770.704.9333
FAX: 770-704-9334

Email: frostyfrog@frostyfrogcreamery.com

Employment Application

NOTICE: Any application submitted that is either illegible or incomplete will be REJECTED without further consideration.

Please complete using BLACK or BLUE ink.
Please LEGIBLY PRINT your information.

DATE OF APPLICATION SUBMISSION: _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the management of Frosty Frog Creamery, Inc.

NAME _____
LAST FIRST MIDDLE NICKNAME OR PREFERRED NAME

ADDRESS _____
STREET APARTMENT NUMBER

_____ CITY STATE ZIP

TELEPHONE _____
HOME CELL

BIRTHDATE ____/____/____ SOCIAL SECURITY NUMBER ____-____-____

Email address _____

STUDENTS ONLY: (Under 19 years of age)

SCHOOL _____ GRADE LEVEL: _____

PRINCIPAL _____ WORK PERMIT: YES NO

If answering NO to work permit, please explain why: _____

PARENTAL PERMISSION: *This must be signed by a parent or guardian of any minor applying for employment at Frosty Frog Creamery & Café. Without parental permission, the minor will NOT be considered for employment.*

My signature, following this statement, indicates that my son/daughter has my permission to work up to a maximum of 20 hours per week, **OR LESS if I indicate here** and have indicated below the maximum number of hours that I consent for my son/daughter to be available for work. Further, I consent to my son/daughter answering the questions contained in this application with the understanding that Frosty Frog Creamery, Inc. has the right to verify the accuracy of any and all answers to questions contained herein. Additionally, I understand that as a condition of employment my son/daughter will be required to sign (IF HIRED) a Confidentially Agreement. **INDICATE MAXIMUM NUMBER OF HOURS PER WEEK**

PARENTALLY APPROVED: _____

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DAYTIME TELEPHONE NUMBER: ____-____-____

ANSWER ALL THE FOLLOWING QUESTIONS COMPLETELY:

1. What POSITION are you applying for? _____
 2. Have you worked in a restaurant, coffee shop, ice cream shop, or any other establishment serving food or beverages? **YES** **NO** If YES, dates of employment _____
 Business Name _____ Location _____
 Position held: _____ Reason for leaving: _____
 3. Have you worked in a retail operation that required your handling money, making change, or using a cash register / POS system? **YES** **NO** If YES, Business Name _____
 Location _____ Position held: _____
 Reason for leaving: _____
 4. Are you physically capable of lifting and carrying weights of up to 30 pounds? **YES** **NO**
NOTE: (All applicants will be tested to insure that lifting and carrying this amount of weight can be accomplished safely.)
 5. **ALL POSITIONS AT FROSTY FROG CREAMERY, INC. MAY REQUIRE WEEKEND WORK.** Are you willing to work weekends? (Sunday hours are 10:00 a.m. – 3:00 p.m.)
YES **NO** If NO, explain why not.

 6. Do you have a valid drivers license? **YES** **NO**
 7. Do you have reliable transportation to and from work? **YES** **NO**
 8. Are you legally eligible for employment in the United States of America? **YES** **NO** (All applicants offered employment will be required to produce documents proving their legal status. All INS and other government documents will be verified before employment is granted.)
 9. Have you ever pled GUILTY or NO CONTEST to, or been convicted of a crime (misdemeanor and/or felony)? **YES** **NO** if YES, please provide date(s), details and probationary status

- Answering YES to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, probationary status, and position applied for will be taken into consideration. A background check on all felons will be completed prior to employment.
10. Type of employment desired: **FULL TIME** **PART TIME** **TEMPORARY (Summer)**
 11. Are you able to meet the attendance requirements of this position? **YES** **NO**
 12. Why are you applying for this position? _____

 13. IF hired, are you willing to submit to and pass a controlled substances test? **YES** **NO**
Testing for controlled substances and your willingness to be tested is a condition of employment. Frosty Frog Creamery, Inc. has a NO TOLERANCE policy concerning controlled substances.
 14. The secretary of Health & Human Services of the United States of America has determined that certain diseases including Hepatitis A, Salmonella, Shigella, Staphylococcus, Streptococcus, Giardia, and Compylobacteria may prevent you from serving food or handling food serving equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, and using food service equipment and utensils in a sanitary and healthy fashion. Do you now have or have you ever had any of these diseases or illnesses? **YES** **NO** If YES, please give dates and current medical status: _____

 15. Do you have special skills, training, or knowledge that should be considered in the evaluation of this application? Please list: _____

 16. Date available for work: ____/____/____ What is your desired salary range? \$ _____

Education

Type of School	Name of School	Last Yr. Completed	Diploma	Degree/ Certification Earned
High School		9 10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Voc. Tech			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Culinary			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Employment History: Provide the following information on your past three (3) employments, assignments or volunteer activities, starting with the most recent. **All information must be furnished by the applicant.**

Employer _____ Telephone No. _____ - _____ - _____
 Address _____
STREET CITY STATE ZIP
 Summarize the nature of work performed and job responsibilities: _____

 Hourly Rate/Salary: Start _____.____ per _____ Final _____.____ per _____ Dates worked ____/____ to ____/____
 Immediate Supervisor and Title: _____
NAME TITLE
 May we contact this person for a reference? **YES** **NO** Reason for leaving: _____

Employer _____ Telephone No. _____ - _____ - _____
 Address _____
STREET CITY STATE ZIP
 Summarize the nature of work performed and job responsibilities: _____

 Hourly Rate/Salary: Start _____.____ per _____ Final _____.____ per _____ Dates worked ____/____ to ____/____
 Immediate Supervisor and Title: _____
NAME TITLE
 May we contact this person for a reference? **YES** **NO** Reason for leaving: _____

Employer _____ Telephone No. _____ - _____ - _____
 Address _____
STREET CITY STATE ZIP
 Summarize the nature of work performed and job responsibilities: _____

 Hourly Rate/Salary: Start _____.____ per _____ Final _____.____ per _____ Dates worked ____/____ to ____/____
 Immediate Supervisor and Title: _____
NAME TITLE
 May we contact this person for a reference? **YES** **NO** Reason for leaving: _____

References: Use current or former business / community relations or adults (age 21 and over) ONLY! **DO NOT** use friends or relatives for references. All references will be verified. **All information must be furnished by the applicant.**

NAME	ADDRESS	TELEPHONE NO.	YRS KNOWN	RELATIONSHIP, IF ANY

APPLICANT STATEMENT: YOU must read all of the following statement points, and indicate by signing in the space provided that you understand and agree to these terms.

- I certify that all of the information that I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the officers of Frosty Frog Creamery, Inc.
- I also understand that IF I am hired, I will be required to provide proof and legal authority to work in the United States of America, and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ, AND UNDERSTAND THE ABOVE APPLICANT STATEMENT!

I, _____ certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

DO NOT WRITE IN THIS SPACE – FROSTY FROG CREAMERY, INC. USE ONLY

Int. date: _____ Ref. ck. Date _____ Int. by: _____

Notes: _____

email address: _____ Cell Phone carrier: _____

St. Dt. _____ HR. _____ Res. att. _____ ServSafe _____ exp. _____