

# EMPLOYMENT APPLICATION



NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS \_\_\_\_\_ APT. # OR BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ ARE YOU 18 OR OLDER  YES  NO IF NOT, AGE \_\_\_\_\_

HAVE YOU EVER WORKED AT AN OBERWEIS ICE CREAM & DAIRY STORE?  YES  NO

IF YES, LIST DATES & LOCATIONS \_\_\_\_\_

FOR MANAGER'S USE ONLY	
DATE HIRED _____	STARTING PAY _____
PROOF OF AGE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION _____	

## AVAILABILITY:

	M	T	W	T	F	S	S
FROM							
TO							

TOTAL HOURS AVAILABLE PER WEEK \_\_\_\_\_ HOW DID YOU HEAR ABOUT THE JOB? \_\_\_\_\_

DO YOU HAVE TRANSPORTATION TO WORK?  YES  NO DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.  YES  NO

## SCHOOL MOST RECENTLY ATTENDED:

NAME \_\_\_\_\_ LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_

LAST GRADE COMPLETED \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

GRADUATED  YES  NO NOW ENROLLED  YES  NO SPORTS OR ACTIVITIES \_\_\_\_\_

## TWO MOST RECENT JOBS: (IF NOT APPLICABLE, LIST PERSONAL REFERENCES)

NAME \_\_\_\_\_ LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_

JOB \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATES WORKED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ **MGMT. REFERENCE CHECK DONE BY:** \_\_\_\_\_

NAME \_\_\_\_\_ LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_

JOB \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATES WORKED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ **MGMT. REFERENCE CHECK DONE BY:** \_\_\_\_\_

## PHYSICAL Can you perform the essential functions of the job for which you are applying with or without accommodation? YES NO

Health agencies at both the federal and state level have determined that certain diseases, including hepatitis, salmonella, and E.Coli may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of the food service job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job?  YES  NO

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that the deliberate falsification of this information is grounds for dismissal in accordance with company policy. 2. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. 3. I understand that no representative of the company has the authority to enter into any agreement for any specified period of time, nor am I obligated to work for the company for any specified period of time. 4. I further understand that I may be subject to a criminal background check at any time during my employment with the Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

It is Oberweis' policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, veteran status or any other characteristic protected by state, federal or local laws.

**YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS - FOR CONSIDERATION AFTER THAT YOU NEED TO REAPPLY**

WHITE COPY TO OFFICE WHEN HIRED

YELLOW COPY FOR STORE FILE UNTIL EMPLOYEE'S DEPARTURE

ATTACH (1) PROOF OF AGE, (2) FORM I-9 AND (3) FORM W-4A