

### **PERSONAL INFORMATION:**

Name			
	First	Middle	Last
Street			
City		State	Zip Code
Phone #		Social Secur	rity #
Are you und	er 16?	Are you legally eligible to work i	n the U.S.A. ? E-mail address:

## WORK EXPERIENCE:

Dates Employed		Name & Address of Employer	Position	Reason for leaving
From	То			
From	То			
From	То			

#### **EDUCATION:**

Name & location of school	# of years	GPA	Did you graduate?	Subjects studied

### WORK SCHEDULE:

The job for which you are applying will require you to work on weekends, evenings and some holidays. While reasonable accommodations can be made for you, are you willing to work during these times?

□ Yes □ No

<b>TYPE OF EMPLOYMENT YOU ARE SEEKING:</b> □Full-time (36-40 hours) □Part-time (30 or less hours)	I am available to work the following days:		
Date Available for Work			
Total Hours Expected			
Wages Expected			
How did you hear of this opening?			
Have you had previous food service experience. If so, tell us al	bout it?		
Names of other employees in this company with whom you are	e acquainted?		
EXTRACURRICULAR ACTIVITIES & HOBBIES:			
Please state in a short paragraph, why you desire to work f	for EAST COAST ORIGINAL FROZEN CUSTARD.		

# **EMPLOYMENT AT-WILL POLICY**

I understand and agree that if employed, the employment will be "at will." That is, either I or East Coast Original Frozen Custard may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by East Coast Original Frozen Custard does not imply employment and that this application and/or any East Coast Original Frozen Custard's documents are not contracts of employment.

Signature
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