

THE ICE CREAM SHOP @ LAKE OZARK LIVE

(A DIVISION OF SUMMER USA STORES, INC.)

Please Drop Off Completed Application at
Summer USA
1462 Bagnell Dam Blvd
Lake Ozark, MO

APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL _____ EMAIL _____

AGE (OPTIONAL) _____ DOB (OPTIONAL) _____ SSN _____

DATE YOU CAN START _____ Wage DESIRED _____

MOTHER'S NAME _____ MOTHER'S OCCUPATION _____

FATHER'S NAME _____ FATHER'S OCCUPATION _____

ARE YOU CURRENTLY IN SCHOOL? _____

IF YES, WHAT SCHOOL DO YOU ATTEND? _____ GRADE _____

WHEN DO YOU PLAN TO GRADUATE? _____ WHAT IS YOUR GPA? _____

DO YOU HAVE RETAIL STORE EXPERIENCE? _____

IF YES, WHERE? _____ DATES _____

ARE YOU CURRENTLY EMPLOYED? _____

WHAT ARE YOUR DUTIES THERE? _____

LIST YOUR LAST THREE EMPLOYERS

(CONTINUED ON NEXT PAGE)

WILL YOU BE RETURNING TO SCHOOL THIS FALL? _____

IF YES, WHERE? _____

WHEN DO CLASSES BEGIN? _____

WHAT IS THE LAST DATE YOU CAN WORK? _____

WILL YOU BE AVAILABLE TO WORK MAY 23-26, 2014? _____

WILL YOU BE AVAILABLE TO WORK JULY 3-7, 2014? _____

WILL YOU BE AVAILABLE TO WORK AUGUST 29-SEPTEMBER 1, 2014? _____

DO YOU HAVE ANY EVENTS PLANNED THIS SUMMER THAT WOULD REQUIRE YOU TO MISS WORK FOR MORE THAN THREE CONSECUTIVE DAYS? IF YES, WHEN? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? _____

DO YOU USE TOBACCO PRODUCTS? _____

WILL YOU AGREE TO BE TESTED FOR THE USE OF ILLEGAL DRUGS? _____

PLEASE LIST THREE PROFESSIONAL REFERENCES.

NAME _____
RELATIONSHIP _____
COMPANY _____ **PHONE** _____

NAME _____
RELATIONSHIP _____
COMPANY _____ **PHONE** _____

NAME _____
RELATIONSHIP _____
COMPANY _____ **PHONE** _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE COMPANY'S OPTION.

DATE _____ **SIGNATURE** _____