



DATE: _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PERSONAL

Name: _____ E-mail: _____
Last, First, Middle

Address: _____
Street City State Zip

Phone: _____ Are you 18 years of age? Yes / No

Are you either a citizen or an alien authorized to work in the United States? Yes / No

Do you have a valid driver's license? Yes / No DL# _____ State of Issue: _____

POSITION APPLYING FOR: _____

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

EXPERIENCE (begin with most recent employment)

COMPANY _____ SUPERVISOR _____ DATES EMPLOYED _____

ADDRESS _____ Starting pay _____ Ending pay _____

Reason for leaving _____

COMPANY _____ SUPERVISOR _____ DATES EMPLOYED _____

ADDRESS _____ Starting pay _____ Ending pay _____

Reason for leaving _____

COMPANY _____ SUPERVISOR _____ DATES EMPLOYED _____

ADDRESS _____ Starting pay _____ Ending pay _____

Reason for leaving _____

EDUCATION

SCHOOL	NAME	YEARS ATTENDED	DID YOU GRADUATE?
HIGH			
COLLEGE			

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

REFERENCES

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 _____

HAVE YOU USED ANY NAMES OTHER THAN THE ONE LISTED ON THE FRONT OF THIS APPLICATION? YES / NO IF YES, LIST _____

Have you ever been convicted of or served time for any felony including a sex-related or child-related crime in the past 7 years? YES / NO 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 FACTS 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 CONTRACT BETWEEN ME THE APPLICANT AND THE ANN ARBOR ICE CUBE.

SIGNATURE: _____

DATE: _____

THE ANN ARBOR ICE CUBE IS AN EQUAL OPPORTUNITY EMPLOYER