

SLEEPING GIANT ICE CREAM COMPANY

EMPLOYMENT APPLICATION

Your Name _____

Your Cell Phone# _____

Your Email Address _____

Your Mailing Address _____

Hours You Are Available To Work:

Monday _____pm - _____pm

Tuesday _____pm - _____pm

Wednesday _____pm - _____pm

Thursday _____pm - _____pm

Friday _____pm - _____pm

Saturday _____pm - _____pm

Sunday _____pm - _____pm

Education:

High School _____

Grade _____

Graduation Date _____

College _____

Year _____

Graduation Date _____

Previous Employment:

Employer Name and Phone _____

Dates _____

Position _____

Employer Name and Phone _____

Dates _____

Position _____

Employer Name and Phone _____

Dates _____

Position _____

More About You:

Are you 16 years of age or older? _____

How will you get to work? _____

Are you a US citizen or have a permit to work? _____

Favorite Ice Cream flavor? _____

Dogs or Cats? _____

If you could have a super power, what would it be?
