



England's MicroCreamery, LLC

AN EQUAL OPPORTUNITY EMPLOYER

Employment Application

PERSONAL

(PLEASE PRINT, USE BLACK INK OR TYPE)

Name (First) (Middle) (Last)			Social Security Number	
Address (Street Number) (City) (State) (Zip)			Phone Number Area Code	E-mail
Do you have reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO			What will be your primary means of transportation to and from work? <input type="checkbox"/> CAR <input type="checkbox"/> BIKE <input type="checkbox"/> WALK <input type="checkbox"/> OTHER	
Have you ever been convicted of a felony? <small>(A yes answer does not automatically disqualify you from employment).</small> <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, please explain.	
Are you a U.S. citizen or lawfully permitted to work in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you under 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

(List below all schools attended including Business, Vocational, Night, Military, College, etc.)

Type of School	Name and Location of School	Major Course of Study	Number of Years Attended	Certificate/Diploma/Degree	Honors/Awards/Recognition
Elementary School					
Middle School/Jr. High					
High School					
College					
Graduate					
Military, Technical or Other					
Professional Licenses					

AVAILABILITY

Please indicate the position(s) for which you are applying:		
When would you be available to start work?	How many hours do you want to work per week?	What days of the week are you available?
What is your shift preference? <input type="checkbox"/> Days <input type="checkbox"/> Evenings/Nights <input type="checkbox"/> Either	Are you able to work weekends and holidays? <small>(Please note that working weekends and holidays is a REQUIREMENT).</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any schedule conflicts that would prevent you from working for any extended period of time? (i.e. sports, camp, vacation, summer school, college, etc.) Please explain below, indicate dates. <small>(Please note that any prior commitments does not automatically disqualify you from employment).</small>		

EMPLOYMENT

(List most recent employer first. Attach additional sheet if necessary).

Name of Employer		Title and Duties	
Address			
City, State, Zip			
Name and Title of Immediate Supervisor		Starting Salary	Last Salary
Phone No. () -	Date Employed	To	Reason for Leaving
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Employer		Title and Duties	
Address			
City, State, Zip			
Name and Title of Immediate Supervisor		Starting Salary	Last Salary
Phone No. () -	Date Employed	To	Reason for Leaving
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Employer		Title and Duties	
Address			
City, State, Zip			
Name and Title of Immediate Supervisor		Starting Salary	Last Salary
Phone No. () -	Date Employed	To	Reason for Leaving
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Employer		Title and Duties	
Address			
City, State, Zip			
Name and Title of Immediate Supervisor		Starting Salary	Last Salary
Phone No. () -	Date Employed	To	Reason for Leaving
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

