

## **Application For Employment Funky Munky Shaved Ice - Peaster**

Email this completed form to <a href="mailto:fmemployment@yahoo.com">fmemployment@yahoo.com</a> OR
Bring this completed form to the Location to which you are applying.

- ✓ We are an Equal Opportunity Employer and are committed to excellence through diversity.
- ✓ Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information  Name (First, Last)						Referred by:			
Address				City		State	Zip		
Phone Number Mobil		Mobile Nu	ımber	Email Address					
Are you legally able to be employed in this country? (If hired, verification is required by law.)				Have You Ever Been Convicted Of A Felony?					
Yes No No				Yes No No					
Availabilit	У								
What date would you be available to start?				How many total hours would you want to work each week? You can provide a range (example: 15-20 hours).					
Days/Hours you are availal Sunday Mo		able to wor	k: Tuesday	Wednesday	Thursday	Friday	Saturday		
Education									
School Name			Location	Years Attended		Degree/Courses	Major		
References									
Name			Tit	tle	Company	Phone			

Employment History								
Employer (1)	Job Title	Dates Employed						
Work Phone	Starting Pay Rate	Ending Pay Rate						
Address	City	State	Zip					
Employer (2)	Job Title	Dates Employed						
Work Phone	Starting Pay Rate	Ending Pay Rate						
Address	City	State	Zip					
Employer (3)	Job Title	Dates Employed						
Work Phone	Starting Pay Rate	Ending Pay Rate						
Address	City	State	Zip					
Supplemental Questions								
How do you know Funky Munky Shaved Ice?								
Do you have a favorite Funky Munky Flavor?								
Do you have reliable transportation to and from work?								
Signature Disclaimer								
I certify that my answers are true and complete, to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Name (Please Print)	Signature							
Date								