Employment Application Form



Position Applie	d For							
Crew member Other Other				E-mail				
Personal Detail	S					—		
Name		M.I	I Last		Which	Store		
Address				City				
State		Zip Code						
Telephone No.	(home)		Telepho	ne No. (cell)				
How far do you	live from Tutti I	Frutti?	Are you	u over 18 years o	f age? Yes 🗖 No) []		
		the United States? ority to work in th	Yes 🗆 No 🗖		ermit maybe requirent)	irea if nirea)		
Have you work	ed for Tutti Frutt	i's before? Yes 🗖	No 🗖					
If 'Yes', Which	store(s)?							
Date(s): From_	Date(s): From To Reasons for leaving							
How did you he	ear about the job?	2						
Contact person	in case of emerge	ency						
Name				Relationshin				
Name Relationship Address Telephone No. (home)								
				Telephone No. (cell)				
Work Schedule	Availability							
SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN	
AM	to	to	to	to	to	to	to	
PM	to	to	to	to	to	to	to	
How many ho	urs would you	wish to work eac	ch week?	Indicate	e when you are a	available to wo	rk?	
Could you wo	rk extra hours i	f required? Yes	🗖 No 🗖					
-		ry 🗖 or Full-tim						
2	•	vailable? From _		Γο				
in temporary,	when are you av			Го	_			

Present and Previou	s Employment (please include work	experience details)				
Employment dates	Name & address of Employer	Job title and duties	Reason for leaving			
Do you have another job? Yes 🗆 No 🗖						
If offered a position with Tutti Frutti's, will you continue to work for your other employer? Yes 🗖 No 🗖						
If YES, please give	details of days and hours currently	being worked?				
If you have no previ	ous employment please give detai	ls of who to contact for	a personal or educational reference	<u>}</u>		

School Information (most recent)								
Name	Address		School Phone					
Level Completed	Major	Sports or Activities Involving		GPA				
Are you currently attending this sch	ool? Yes 🛛 No 🗖	How many days per week do you go to the school?						

General Information Have you ever been convicted of a felony which has not been annulled or sealed by a court Yes No If yes, please explain

(convictions will not necessary exclude you from employment, but date and type of conviction may be considered for job placement)

Declaration

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time. I understand that before any offer of employment is made, I must provide the company with confirmation eligibility to work in the United States.

I certify that the information on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Applicants Signature

Date