**The Saratoga Sweet Tooth, LLC**

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, height, weight, veteran status, disability, or any other category protected by law.

Please be advised that your application will remain active for 6 months from the date of application if you are not hired.

Date:

 / /

Daytime Phone: ( ) -

Evening Phone: ( ) -

***(Area Code) (Area Code)***

Full Name: Are you 18 years or older? \_

***(Please Print Clearly) (First) (Middle) (Maiden Name, if any) (Last)***

Present Address:

***(Number) (Street) (City) (State) (Zip Code)***

Previous Address: \_

***(Number) (Street) (City) (State) (Zip Code)***

Email address (if applicable):

Position Desired: Wage Desired:

***(Please Be Specific)***

Do you have current and unrestricted authorization to work in the United States?

When can you begin work? \_ How many hours per week can you work?

List any dates /times you are not available to work:

 \_

Dates of special occasions (weddings, vacations, etc.) will be unable to work?

 \_

Do you have any friends and/or relatives who work or have worked at a Kilwins store? Yes: No: If yes, please list name(s) and relationship(s):

 \_

Have you ever been convicted of a crime or arrested for a felony? Yes: No: If yes, please provide date,

nature of incident, and disposition. \_

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes: No: If no, please explain:

Do you have any hobbies that have a direct bearing on the job you are seeking? Yes: No: If yes, please

explain:

# EDUCATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of School | City, State | Course Study | Graduate? |
| Grammar |  |  |  |  |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

**PREVIOUS EMPLOYMENT:**

* Please identify all employers (include complete mailing address: street number, name, city, state, zip code, etc.) for the past 10 years or since leaving school, whichever period is longer. Attach additional sheet(s) if necessary.
* Please indicate either: **(F)** Full-time **(P)** Part-time **(V)** Volunteer.
* Please account for all periods of unemployment for two weeks or longer.

**LAST** Employer: \_\_\_\_\_ Phone: ( ) -

***(Name) (Area Code)***

Address**:**

***(Number) (Street Name) (City) (State) (Zip Code)***

Position Held: From: **/ /** To: **/ /** Salary: **\_\_\_\_**

Reason(s) for leaving: \_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

**SECOND** to the Last Employer: Phone: ( ) -

Address**:**

***(Name) (Area Code)***

***(Number) (Street Name) (City) (State) (Zip Code)***

Position Held: From: **/ /** To: **/ /** Salary: **\_\_\_\_**

Reason(s) for leaving: **\_**

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

**THIRD** to the Last Employer: \_\_\_ Phone: ( ) -

Address**:**

***(Name) (Area Code)***

***(Number) (Street Name) (City) (State) (Zip Code)***

Position Held: From: **/ /** To: **/ /** Salary: **\_\_\_\_**

Reason(s) for leaving:

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

 **\_**

[FOR PREVIOUS EMPLOYERS WITHIN THE PAST TEN YEARS, ATTACH ADDITIONAL SHEETS IF NECESSARY]

Have you ever been terminated from a prior job, regardless of how long ago? Yes:

No:

If yes, please

provide name of employer:

Reason for termination:

# REFERENCES:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | Phone | Years Acquainted | Occupation |
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |

I understand that nothing in this application, The Saratoga Sweet Tooth, LLC policies or procedures, or my communications with any company representative is intended to create a contract of employment between The Saratoga Sweet Tooth, LLC and me. I understand that if an employment relationship is established, my employment and compensation is for no definite period, and can be terminated with or without cause and with or without notice, at any time, at the option of either The Saratoga Sweet Tooth, LLC or me. I also understand and agree that the company may change the terms and conditions of my employment at any time, with our without cause, with or without notice.

I authorize The Saratoga Sweet Tooth, LLC to verify all the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for the company to obtain access to and copies of records pertaining to this information. I certify that I can and will, upon request, substantiate all statements made by me on this application and that such statements are true, complete, and correct to the best of my knowledge. I understand that a false statement, false answer, misrepresentation, or omission to any question will be sufficient grounds for rejection of my application or my immediate discharge in the event of employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant: Date: