

Kline's Ice Cream
906 Greenville Ave, Staunton, VA
1235 W Main St, Waynesboro, VA

APPLICATION FOR EMPLOYMENT

Date of Application: ____ / ____ / ____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Cell Phone: _____ Home Phone: _____

AVAILABILITY: Check all that apply.

- _____ I am looking for a summer job only. ==> Do not apply. We rarely hire summer only help.
- _____ I am looking for a year round job.
- _____ I am a student and looking for a LOT of hours each week. (Like 25 in school and 40 in summer.)
- _____ I am a student and looking for varying hours each week. (Like 10-15 in school and 20-30 in summer.)
- _____ I am not a student and looking for full-time work. (40 hours)
- _____ I am not a student and looking for part-time work. (25 - 35 hours)
- _____ I am not a student and looking for part-time work. (less than 25 hours)
- _____ I am looking for other than above. List:

Are there any days of the week or holidays you will not work? (We are closed Thanksgiving and Christmas.)

INFORMATION:

Are you legally eligible for employment in the US? _____ Yes _____ No

Do you have reliable transportation? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please describe in full, including dates:

Do any of your friends or relatives work here? _____ Yes _____ No

If yes, list name(s):

Are you 16 or older? _____ Yes _____ No If no, what is your birth date? ____ / ____ / ____

If you are in school, what grade level are you currently?

SCHOOL MOST RECENTLY ATTENDED:

Name of School: _____

City, State: _____

Teacher or Counselor: _____

Last Grade Completed: _____ Grade Point Average: _____

PREVIOUS EMPLOYMENT HISTORY: List most recent or current job first.

(If not applicable, list other relevant experience, training, or volunteer services.)

(1) Company: _____ City, State: _____
Supervisor: _____ Dates Worked: From _____ To _____
Salary: _____ Reason for Leaving: _____

(2) Company: _____ City, State: _____
Supervisor: _____ Dates Worked: From _____ To _____
Salary: _____ Reason for Leaving: _____

(3) Company: _____ City, State: _____
Supervisor: _____ Dates Worked: From _____ To _____
Salary: _____ Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT (con't)

REFERENCES: List 3 references that do NOT include family or friends. You will NOT be considered otherwise.
(Example: Teachers, counselors, bosses, etc.)

(1) Name: _____ Relationship: _____
Phone # (_____) _____ - _____ City, State: _____

(2) Name: _____ Relationship: _____
Phone # (_____) _____ - _____ City, State: _____

(3) Name: _____ Relationship: _____
Phone # (_____) _____ - _____ City, State: _____

ADDITIONAL INFORMATION:

Which location do you prefer to work? Circle: Staunton Waynesboro Either

Why do you want to work at Kline's?

List extracurricular activities:

List scheduling needs to accommodate these activities:

ACKNOWLEDGMENT AND RELEASE:

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that my first 60 days worked will be probationary, which does not include days off. In consideration of my employment, I agree to conform to the rules and regulations of Kline's Ice Cream, Inc. and hereby state my understanding that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the company or myself.

I understand that unless otherwise prohibited by applicable law, I may be required at any time to submit to a physical, urinalysis, or other examination as a condition of my employment with the company, including a pre-employment urinalysis drug test. By accepting employment, I agree to submit to such examinations or tests as required by the company, all at company expense.

I authorize the company to make such investigations and inquires of my personal, employment, or financial history and other related matters as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquires in connections with my application.

If your application is considered favorable, on what date would you be available to work?

Signature of applicant: _____ Date _____ / _____ / _____

Incomplete applications will not be considered.