

DAIRY DREAM EMPLOYMENT APPLICATION

We are always looking for new members of the Dream Team!

Please print, fill out, and return this application to Dairy Dream at your earliest convenience.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone #: (_____) _____ - _____ Alternate/Home Phone #: (_____) _____ - _____

High School Attending/Attended: _____

Current Grade: _____ # of Days Absent: _____ # of Days Tardy: _____

Overall GPA: _____ Future Education Plans? YES NO

If yes, where? Ball State Ivy Tech Other: _____

Position applying for: sales clerk backroom/mixer outside property/maintenance

School Activities Involved in:

Hobbies/Interests:

Chores/Responsibilities @ Home:

List Any Special Skills or Training:

Work Experience/References

Company/Reference: _____

Position Held: _____ Reason for Leaving: _____

Wage at Previous Employment: _____ / hr

Type of Work: babysit/childcare yard work concessions other: _____

Phone #: (_____) _____ - _____

Permission for Dairy Dream to Contact this Reference X _____
(sign here)

Can you work evenings after school? YES NO

If yes, which shifts? (circle all that apply) 10am-4pm 4-7pm 7-10pm 4-10pm

Can you work until 11:30pm Friday and Saturday nights? YES NO

Can you work until 10:30pm Sunday thru Thursday? YES NO

Are you available to work (on average) two nights on weekends (Fri, Sat, and/or Sun)? YES NO

How many total hours would you like to work on weekdays (Mon-Thurs)? _____

How many total hours would you like to work on weekends (Fri, Sat, Sun)? _____

LIST HOURS AVAILABLE (please be specific):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Are you employed now? YES NO If yes, where? _____

Summer activities/Vacation time planned? Please list any certain days you know you will not be available to work:

How far away do you live from Dairy Dream? _____

Can you call approximately 1 hour before your shift to confirm work? YES NO

If hired, how will you get to work? _____

How did you hear of this job? _____

Who do you know that works here or has in the past? _____

Why do you want to work at Dairy Dream (please use at least 4 complete sentences)?

Have you ever been discharged or asked to resign from a job position? If yes, please describe.

Do you have any allergies? If yes, please list:

In case of an emergency, who should we contact? _____

Cell Phone #: (_____) _____ - _____ Relation: _____

ALL APPLICANTS MUST HAVE A SOCIAL SECURITY CARD AND A WORK PERMIT (if under the age of 16).

Parent Signature (if under the age of 18): _____

ALL EMPLOYEES ARE REQUIRED BY LAW TO INFORM MANAGEMENT IF ANYONE IN THEIR HOUSEHOLD HAS BEEN DIAGNOSED WITH SALMONELLA, SHIGELLA, E COLI, and/or HEPATITIS.

Have you ever been diagnosed with any of these? YES NO

Please fill out by hand & drop your application off at Dairy Dream at your earliest convenience. Thank you!