



# EMPLOYMENT APPLICATION



## CONTACT INFORMATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

## YOUR AVAILABILITY

Position Desired: \_\_\_\_\_ Rate Expected: \_\_\_\_\_

Full time (40 hours or more per week)       Part time (less than 40 hours per week)

Have you ever applied at Sonny's before?       Yes       No      If yes, when? \_\_\_\_\_

Date available for work: \_\_\_\_\_ Will you work overtime if asked?       Yes       No

Optimum amount of hours per week: \_\_\_\_\_

Indicate desired work schedule. Specify hours and days available:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

What unique experiences, interests, skills, and qualifications do you bring to Sonny's Ice Cream?

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Why would you like to work at Sonny's Ice Cream?

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## EDUCATIONAL HISTORY

	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY	DEGREE EARNED
High School		1 2 3 4			
College/Vocation		1 2 3 4			
Graduate Studies		1 2 3 4			
Other		1 2 3 4			

Have you ever completed any other courses or training programs that would impact your work at Sonny's Ice Cream?  Yes  No

If yes, please explain: \_\_\_\_\_

## PROFESSIONAL REFERENCES

NAME/TITLE	OCCUPATION	ADDRESS	PHONE	ASSOCIATION WITH YOU

## ADDITIONAL QUESTIONS

If hired, you may be assigned to varied duties from time to time. Is there any work you will not perform?  Yes  No

If yes, please explain: \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No

If no, please explain: \_\_\_\_\_

If hired, are you prepared to provide your medical history and take a physical exam, including a drug and alcohol screening?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? (Do not list minor traffic violations)  Yes  No

*A conviction will not necessarily exclude you from consideration or employment.*

If yes, please explain: \_\_\_\_\_

# EMPLOYMENT HISTORY

Start with most recent employer.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_  
*starting* *final*

Supervisor's Name and Title: \_\_\_\_\_ Employment (Month/Year): From \_\_\_\_\_ to \_\_\_\_\_

Describe the work you did (include skills that may apply at Sonny's): \_\_\_\_\_  
\_\_\_\_\_

Explain your reason(s) for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If not, why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_  
*starting* *final*

Supervisor's Name and Title: \_\_\_\_\_ Employment (Month/Year): From \_\_\_\_\_ to \_\_\_\_\_

Describe the work you did (include skills that may apply at Sonny's): \_\_\_\_\_  
\_\_\_\_\_

Explain your reason(s) for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If not, why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_  
*starting* *final*

Supervisor's Name and Title: \_\_\_\_\_ Employment (Month/Year): From \_\_\_\_\_ to \_\_\_\_\_

Describe the work you did (include skills that may apply at Sonny's): \_\_\_\_\_  
\_\_\_\_\_

Explain your reason(s) for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If not, why not? \_\_\_\_\_

Have you ever been discharged by an employer?     Yes     No

If yes, please explain all terminations: \_\_\_\_\_  
\_\_\_\_\_

List all periods of unemployment: \_\_\_\_\_

How did you spend this time? \_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

“By signing below, I certify and promise that all information I have provided on this application is true and complete. I understand that all misleading, false information, or omissions may disqualify me for employment and may lead to my dismissal if discovered at a later date.

By signing below, I authorize all persons, employers, schools, organizations, law enforcement agencies, and their representatives to provide Sonny’s Ice Cream and their representatives with any facts, information and opinions regarding me, and I release all such persons from any legal liability in providing such information.

I understand and agree that if hired, my employment can be terminated at any time with or without notice. I also understand and agree that no representative of Sonny’s Ice Cream has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an officer of the company.”

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Sonny’s Ice Cream is an equal opportunity employer. Please return completed application to 3401 Lyndale Avenue South, Minneapolis, MN 55408.*